Pedorthic Exam Review
Volume I

Rick E. Sevier BS Ed. C. Ped.

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After a complete exam and assessment you suspect _____.

A. Reiter's Syndrome
B. Kohler’s Disease
C. Sever's Disease
D. Haglund's Deformity

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Another name for this patients condition is _____.

A. Calcaneal Apophysitis
B. Reactive Arthritis
C. Pump Bump
D. Avascular Necrosis

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A. Accommodative Orthosis with Met Pads
B. Children's Gait Plate
C. UCBL
D. Functional Foot Orthosis with Heel Lifts

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The best Shoe / Modification solution for this condition is ___.

A. Thomas Heels
B. SACH Heels
C. Scaphoid Pads
D. Properly fit depth shoes

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- Sever's disease (Calcaneal Apophysitis) is a traction apophysitis of the Achilles tendon insertion at the calcaneus. It is the most common cause of heel pain in the growing athlete and the second most common osteochondroses of both sexes.
- It is usually the result of running on hard surfaces without adequate cushioning. The condition usually appears after a growth spurt and it is thought that the growth of the long bones exceed the growth of the muscles so causing excessive pull on the muscular attachments.

- The condition occurs in both sexes usually between the age of 8 and 12 years and resolves upon cessation of growth.
- Patients suffering from Sever's disease complain of heel pain on exercise, especially running and jumping.
- The pain is often worse before and after activity and increased on deceleration or when landing from a jump
- Patient may be tip toeing or limping

- Functional Foot Orthosis
- Heel lifts
- Properly fit shoes with good heel control
- Medial heel wedges
- SACH heels

Your patient, a forty-two year old, 280 lb. male, comes into your office with his wife. He complains of dull tooth-ache or burning pain heel pain while walking at the mall. He states that the pain is often worse with first few steps in morning. He also states that his wife has the same problem. You observe that the patient has a pes cavus foot. You also observe a tight Achilles tendon. The patient walks with quick, short and soft foot steps.

After a complete exam and assessment you suspect ____.

A. Plantar Fasciitis
B. Calcaneal Apophysitis
C. Metatarsalgia
D. Equinus

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A. Metatarsal Pad
B. Morton's Extension
C. Lateral Wedging
D. UCBL

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A. Spinner Wedge
B. Thomas Heel
C. Mayo Bar
D. Lateral Wedge

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- Plantar Fasciitis, an inflammation of the fascia on the plantar surface of the foot that causes heel pain and disability.
- Some risk factors for development of this problem include foot arch problems, obesity, sudden weight gain, running and a tight Achilles tendon.
- This condition is one of the most common orthopedic complaints relating to the foot.
- Plantar fasciitis is commonly though of as being caused by a heel spur, but research has found that this is not the case. On X-ray, heel spurs are seen commonly both in people with and without plantar fasciitis.

- Characteristic: dull tooth-ache or burning pain
- Stiffness may also be present
- Pain Location: Posterior and medial aspect of heel
  - Medial tubercle of calcaneus
  - Medial longitudinal arch
- Both heels often affected
- Provocative
  - Pain worse with first few steps in morning
  - Pain may be worse at days end in severe cases
  - Pain worse with first steps of run
    - Pain worse during first 5-10 minutes of run
    - Less pain during remainder of run
    - Pain worsens after run completed
  - Pain worse standing in hard shoes on hard floor

- A full length, multidensity foot orthosis can provide soft cushioning for the heel and firm support for the longitudinal arch and perimeter of the heel to control the plantar heel pad.
- In heavy patients, fat pad can be reduced with **UCBL** which provides strong longitudinal support while firmly cupping the heel.
- Temporary heel lifts
- Medial wedging
- Properly fit depth shoe
- Snug counter
- **Thomas heel**
- Internal medial heel wedges w/ silicone or viscoelastic
- Scaphoid pad in the interior of the heel where the bone spur is located.





Motion of the foot part away from the midline of the body, in a transverse plane, is known as ____.

A. Abduction

B. Adduction

C. Eversion

D. Inversion

Motion of the foot part away from the midline of the body, in a transverse plane, is known as _____.

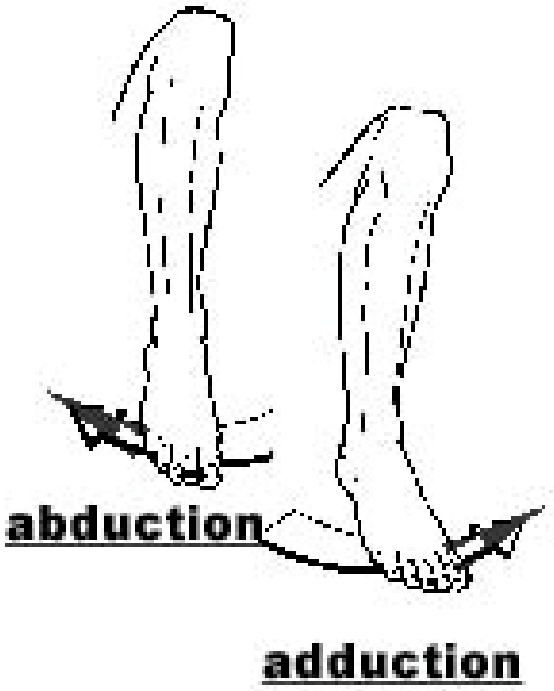
A. **Abduction**

B. Adduction

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- Abduction is a transverse plane movement, when the foot the moves away from the midline of the body. Abduction of both feet spreads the feet.
- From the Latin "ab-" meaning "away from" + "ducere" meaning "to draw or lead" = "to draw away from.“



_____ is the most common variety of arthritis in the United States. This arthritis often results from years of accumulated "wear and tear" on joints, and tends to occur in the elderly in hips, knees, and finger joints.

A. Juvenile

B. Reactive

C. Rheumatoid

D. Osteoarthritis

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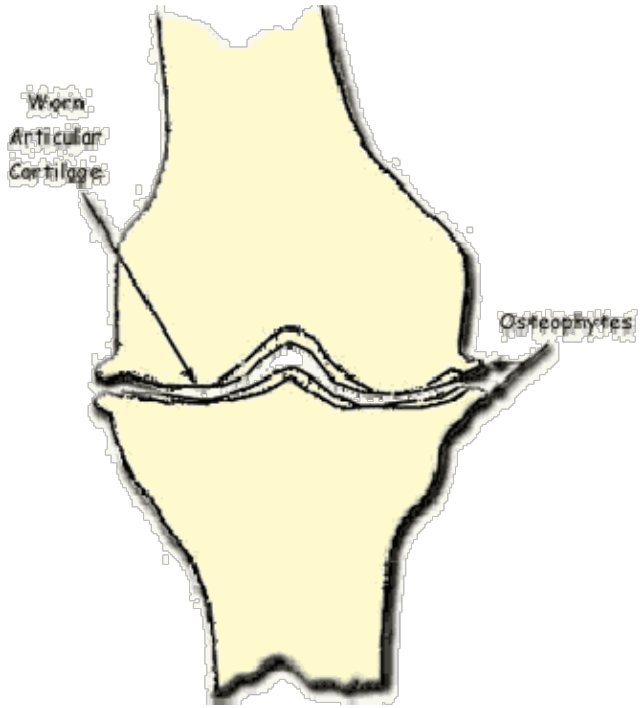
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D. **Osteoarthritis**

- In Osteoarthritis, the main changes are in the articular cartilage and underlying bone. The cartilage is gradually worn away, disappearing first at the points of greatest pressure. The subchondral bone becomes sclerotic, and at the joint margins it hypertrophies to form osteophytes.



___ means toward the front, as front portion of a shoe or foot.

A. Inferior
B. Superior
C. Posterior
D. Anterior

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A. Inferior
B. Superior
C. Posterior
D. **Anterior**

Anterior means:

of or near the head end or toward the front plane of the body

Opposite of Posterior



The ankle joint is the junction of the lower leg and the foot. It is where the Tibia and Fibula of the lower leg articulates with the _____ of the foot.

A. Calcaneous Bone

B. Talus Tarsal Bone

C. Malleolus Bone

D. Sub Talar Bone

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- The ankle joint is the junction of the lower leg and the foot. It is where the Tibia and Fibula of the lower leg articulates with the Talus Tarsal Bone of the foot. The area we most commonly refer to as our ankle is actually the Medial Malleolus of the Tibial Bone (on the inside) and the Lateral Malleolus of the Fibular Bone (the outside).



Front-laced shoe in which the quarters are not attached at the throat of the shoe is known as a ____.

A. Balmoral
B. Blucher
C. Slipper
D. Moccasin

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A Blucher shoe is a front-laced shoe in which the quarters are not attached at the throat of the shoe.



You observe a pediatric patient during gait and notice deformity of the legs in which the legs have a lateral curvature outward in the region of the knee. You suspect _____.

A. Genu Abductus
B. Genu Recurvatum
C. Genu Valgum
D. Genu Varum

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Genu Varum (Bow-legs) is most common at 14 to 36-months



Firm Plastizote is ____ Shore A Durometer.

A. 15
B. 25
C. 60
D. 85

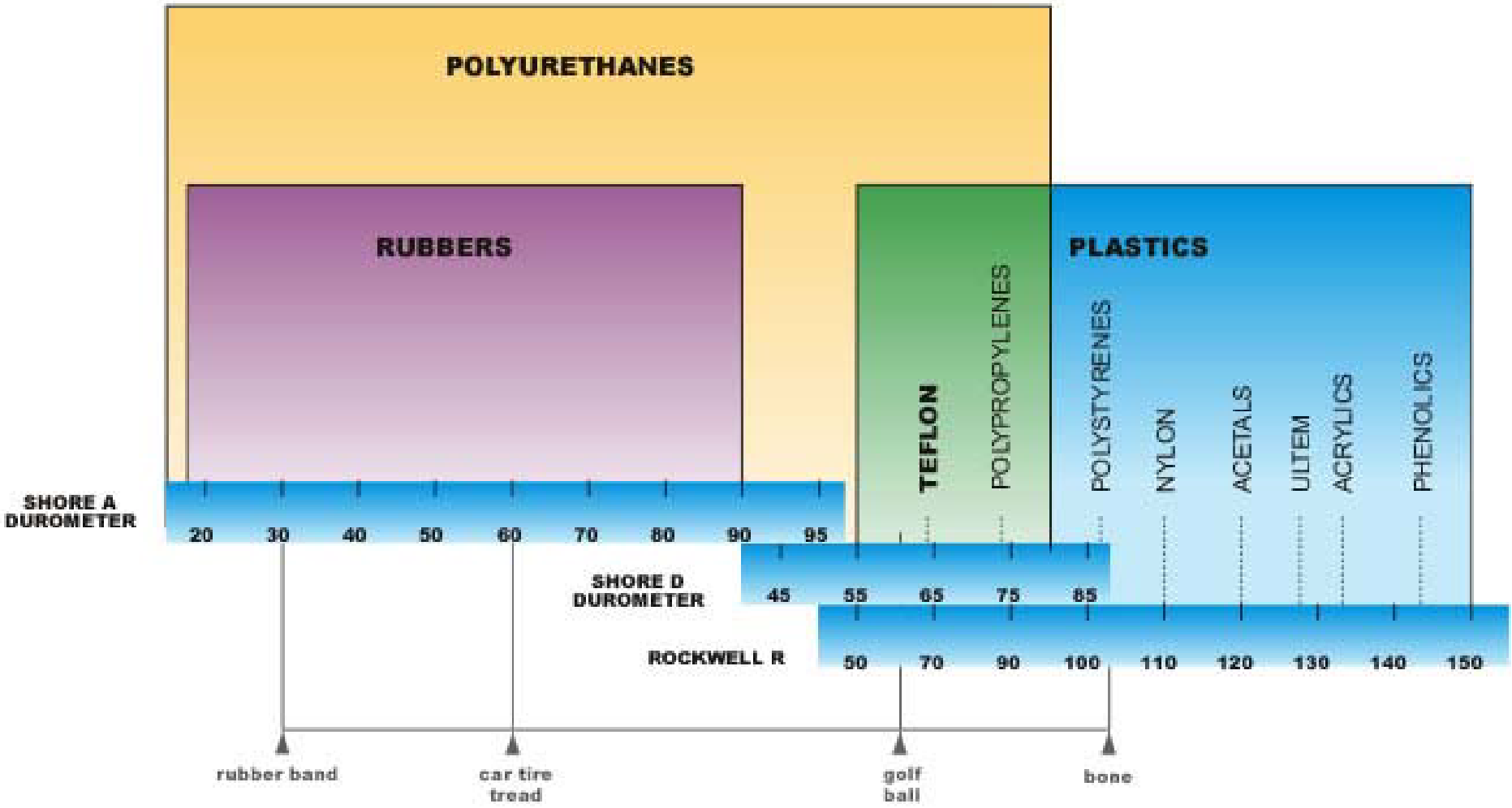
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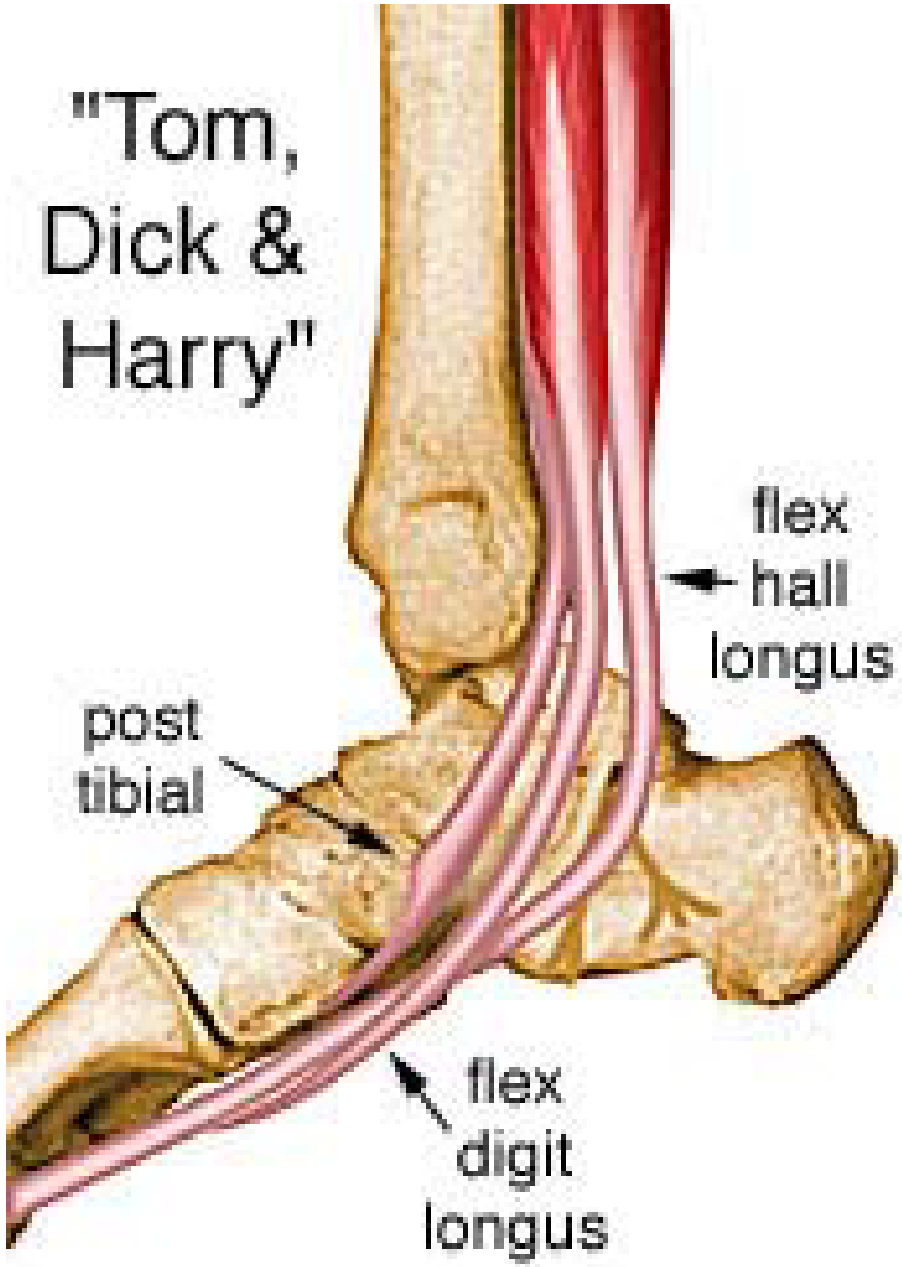

POLYURETHANES
RUBBERS
PLASTICS
TEFLON
POLYPROPYLENES
POLYSTYRENES
NYLON
ACETALS
ULTEM
ACRYLICS
PHENOLICS
SHORE A DUROMETER
20 30 40 50 60 70 80 90 95
SHORE D DUROMETER
45 55 65 75 85
ROCKWELL R
50 70 90 100 110 120 130 140 150
rubber band
car tire tread
golf ball
bone

The____ is the muscle that supports the arch.

A. Tibialis Anterior
B. Tibialis Posterior
C. Peroneal Tibial
D. Extensor Hallucis Longus

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"Tom,
Dick &
Harry"
flex
hall
longus
post
tibial
flex
digit
longus

You are presented a prescription that calls for a Scaphoid pad. Under which bone do place the pad?

A. Talus
B. Calcaneous
C. Cuboid
D. Navicular

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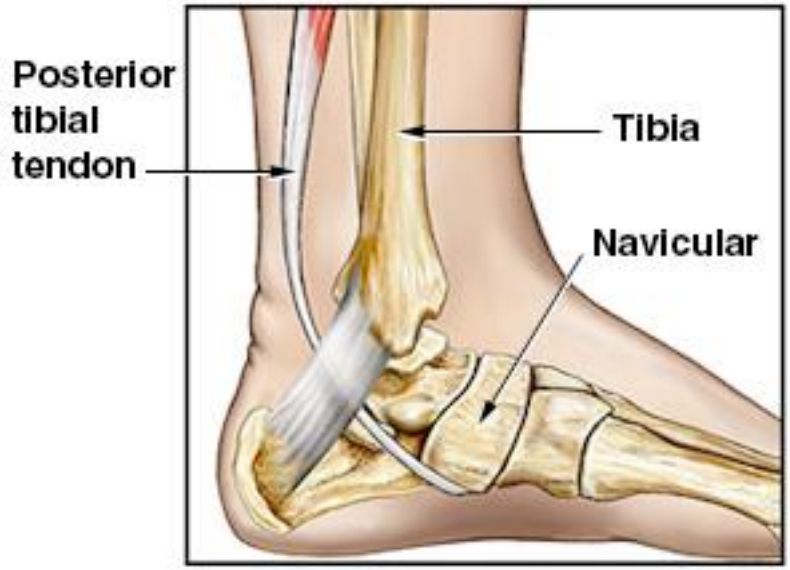
A. Talus

B. Calcaneous

C. Cuboid

D. **Navicular**

Navicular and Scaphoid is the same



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The human foot is divided into three sections. They are ____.

A. Hindfoot, Midfoot, and Forefoot

B. Talar, Metatarsal, Phalangeal

C. Rearfoot, Midfoot, and Frontfoot

D. Proximal, Medial, and Distal

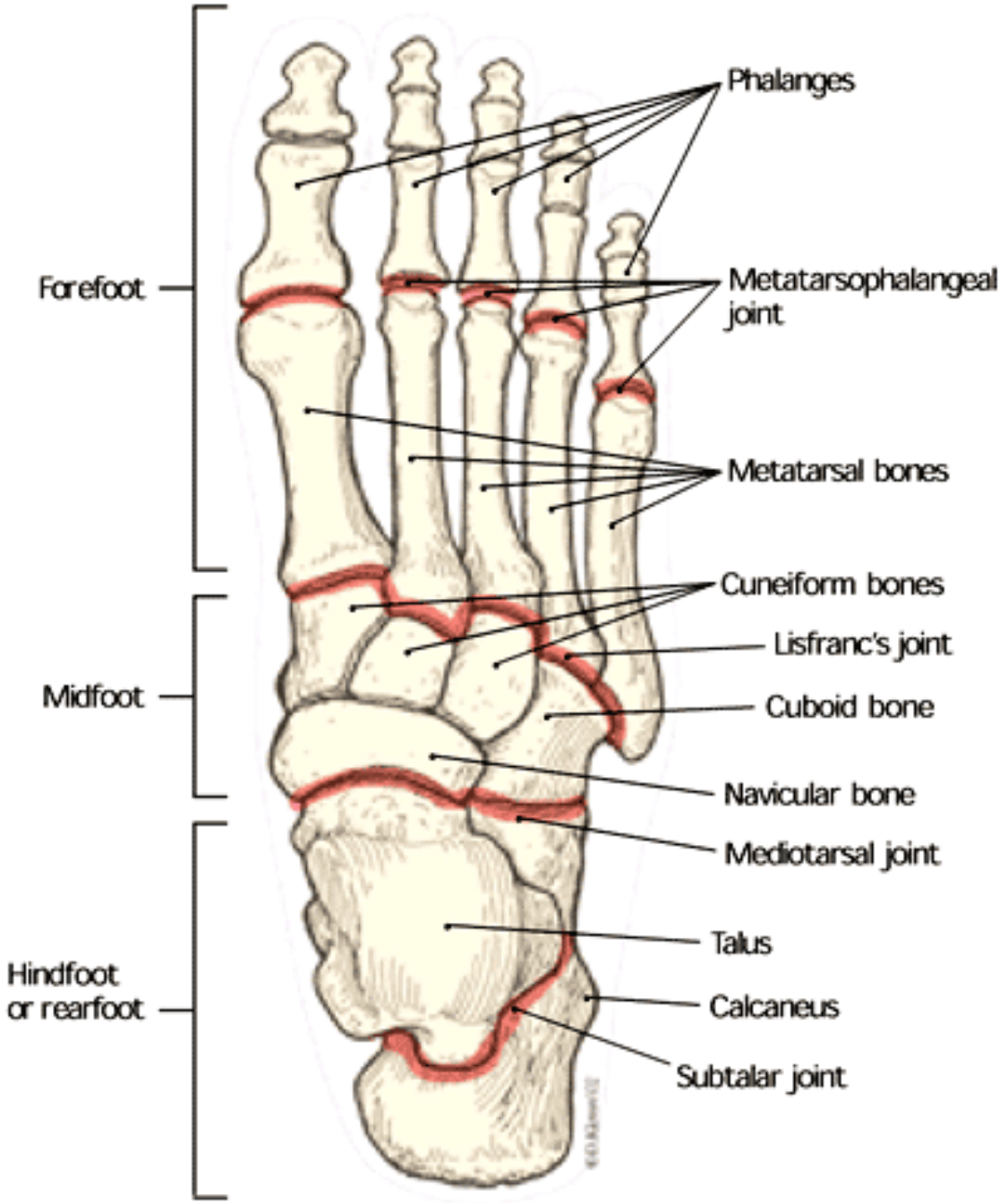
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There are ____ phases in the gait cycle.

A. 2
B. 3
C. 4
D. 5

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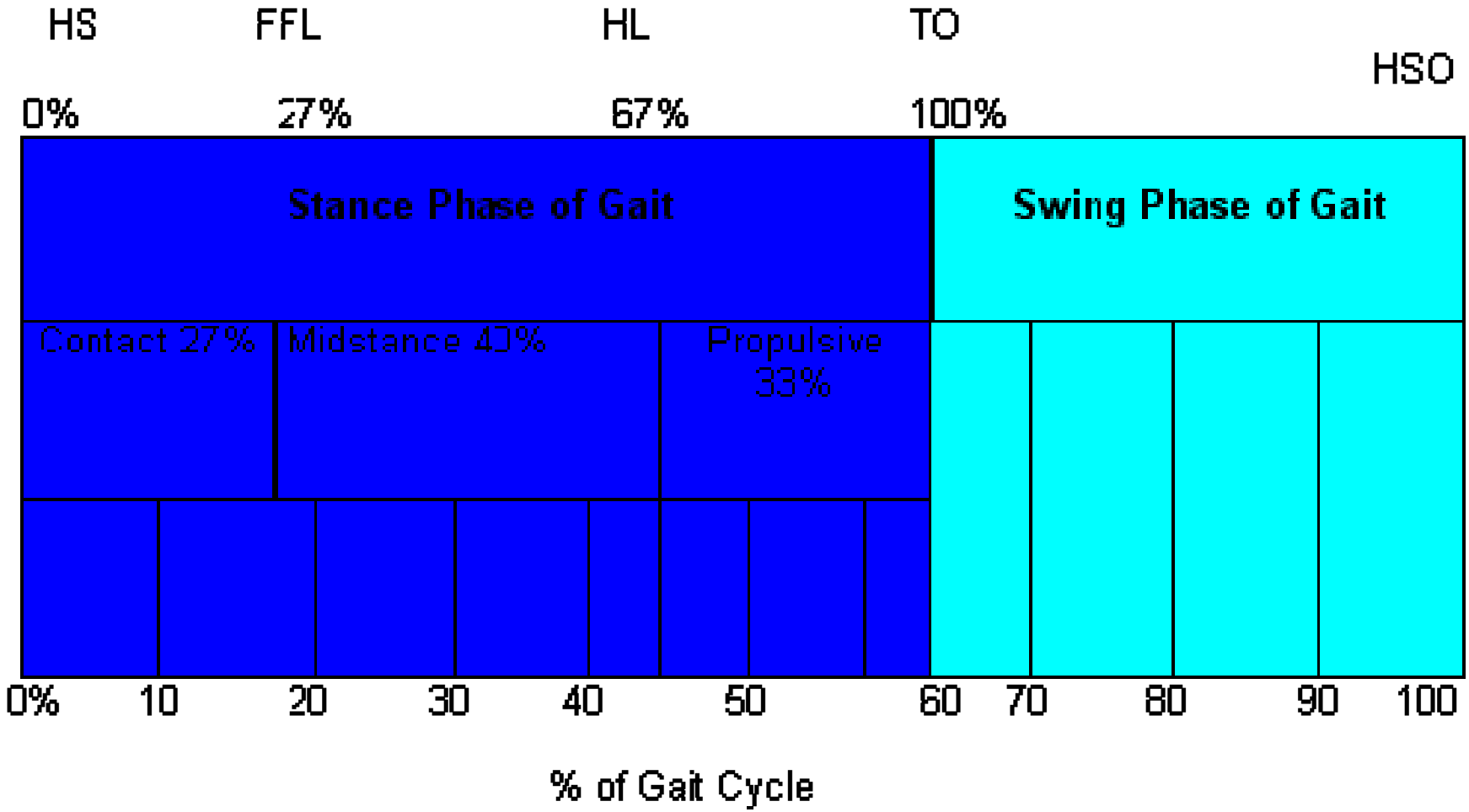
A. **2**

B. 3

C. 4

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Two phases of gait: Stance & Swing



Custom molded shoes may be indicated in which of the following pathologies:

A. Metatarsalgia
B. Bunions
C. Intractable Plantar Keratosis
D. Heel Pain Syndrome

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- Depth Shoes with wide toe box
- Custom Shoes
- No medial seams
- Ball & Ring Stretcher
- Thomas Heel (if over pronation is present)
- Medial Stabilizers (if over pronation is present)
- Rocker Sole



Upon patient examination, you observe areas of white moist skin between the fourth and fifth toes. This is most likely:

A. Clavus mollis
B. Heloma molle
C. Soft Corn
D. All of the above.

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Soft corns are areas of white moist skin between the toes. They most commonly occur between the fourth and fifth toes. They can be very painful and if not treated can form small ulcerations or sinus tracts that can become infected. Acute athlete's foot can mimic the soft corn. The soft corn is due to an irregularity in the shape of the bone in the fourth or fifth toes.



Metatarsalgia is a general term used to denote a painful foot condition in the metatarsal region of the foot. Metatarsalgia is often ____.

A. located under the 1st Metatarsal Head

B. located under the 2nd, 3rd and 4th Metatarsal Heads

C. diagnosed in patients with rheumatoid arthritis

D. All of the above.

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Metatarsalgia is a general term used to denote a painful foot condition in the metatarsal region of the foot. This is a common foot disorder that can affect the bones and joints at the ball-of-the-foot. Metatarsalgia is often located under the 2nd, 3rd, and 4th metatarsal heads, or more isolated at the first metatarsal head. Diagnosis is common for patients with rheumatoid arthritis.



Your patient is a 26 year old female with a flexible foot and ankle. The diagnosis is "Pes Planus". The best shoe modification choice is:

A. Medial Wedge

B. Lateral Wedge

C. Lateral Stabilizer

D. Heel Lift

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- Pes Planus is one of the most common causes of foot and leg discomfort
- AKA Flat Foot, Excess Pronation, Pes Planovalgus
- Pronation is a tri-plane motion consisting of.
  - **D**orsi Flexion in the Sagital Plane
  - **E**version in the Frontal Plane
  - **Ab**duction in the Transverse Plane

Your patient is a 52 year old male with insulin dependant diabetes. Upon examination you discover callusing on the metatarsal heads of the 1st 3rd and 5th rays. The best shoe choice for this patient is:

A. High top tennis shoe with a firm counter

B. Depth Shoes

C. Custom Molded Shoes

D. Depth Shoes with modifications using a ball and ring stretcher

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- Diabetics are prone to foot ulcerations due to both neurologic and vascular complications.
- Don’t over provide! It is unethical!
- Proper fitting extra depth shoes. The shape of the shoe must match the shape of the foot to limit overall pressure on the foot, eliminate high-pressure areas, and accommodate deformities.
- Orthotics can redistribute, transfer, reduce, or eliminate weight bearing in problem areas.

_____ construction is thought to be the oldest shoe construction this consists of a single layer section, which forms the insole, vamp and quarters. The piece is moulded upwards from the Under surface of the last. An apron is then stitched to the gathered edges of the vamp and the sole is stitched to the base of the shoe.

A. Stitchdown

B. Welt

C. Cement

D. Mocassin

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Moccasins



800 Years Old



The Brannock device measures not only overall length (heel-to-toe measurement) but also ____ .

A. Heel Width

B. Arch Length

C. Heel to arch apex

D. Heel to ball

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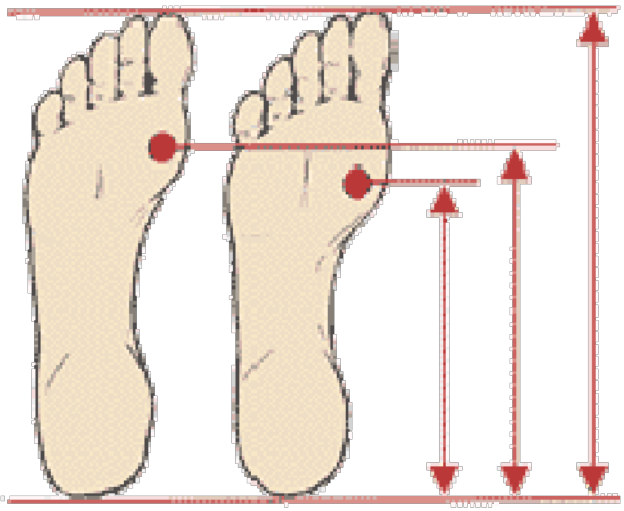
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B. Arch Length

C. Heel to arch apex

D. **Heel to ball**

Brannock Device



This illustration shows two feet which are the same length, but each require different size shoes. There are different fittings for short-toed feet and long-toed feet. Proper shoe-fitting incorporates not only overall length (heel-to-toe measurement) but also arch length (heel-to-ball measurement).

A last that has a heel 2 to 3 widths narrower than the ball in exact proportions is known as a _____.

A. Stepped Last
B. Ball Last
C. Narrowed Last
D. Combination Last

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Combination Last

- Last that deviates from standard proportions; the heel is two to three widths narrower than the ball in exact proportions



A womens US size 11 1/2 would be equal to a US mens size ____.

A. 8

B. 8-1/2

C. 9

D. 10

A womens US size 11 1/2 would be equal to a US mens size ____.

A. 8

B. 8-1/2

C. 9

D. **10**

Shoe Size Conversion Chart

U.S. Girls	U.S. Boy's	U.S. Men's	Continental	U.S. Women's	U.K. Women's	U.K. Men's
3	3	-	36	5	-	-
3.5	3.5	-	37	5.5	-	-
4	4	-	37.5	6	-	-
-	4.5	5	38	6.5	5	-
-	5	5.5	39	7	5.5	-
-	5.5	6	39.5	7.5	6	5
-	6	6.5	40	8	6.5	5.5
-	-	7	40.5	8.5	7	6
-	-	7.5	41	9	7.5	6.5
-	-	8	42	9.5	8	7
-	-	8.5	42.5	10	8.5	7.5
-	-	9	43	10.5	9	8
-	-	9.5	44	11	9.5	8.5
-	-	10	44.5	11.5	10	9
-	-	10.5	45	12	10.5	9.5
-	-	11	46	-	11	10
-	-	11.5	46.5	-	11.5	10.5
-	-	12	47	-	12	11
-	-	12.5	47.5	-	-	11.5
-	-	13	48	-	-	12
-	-	14	49.5	-	-	13
-	-	15	51	-	-	14

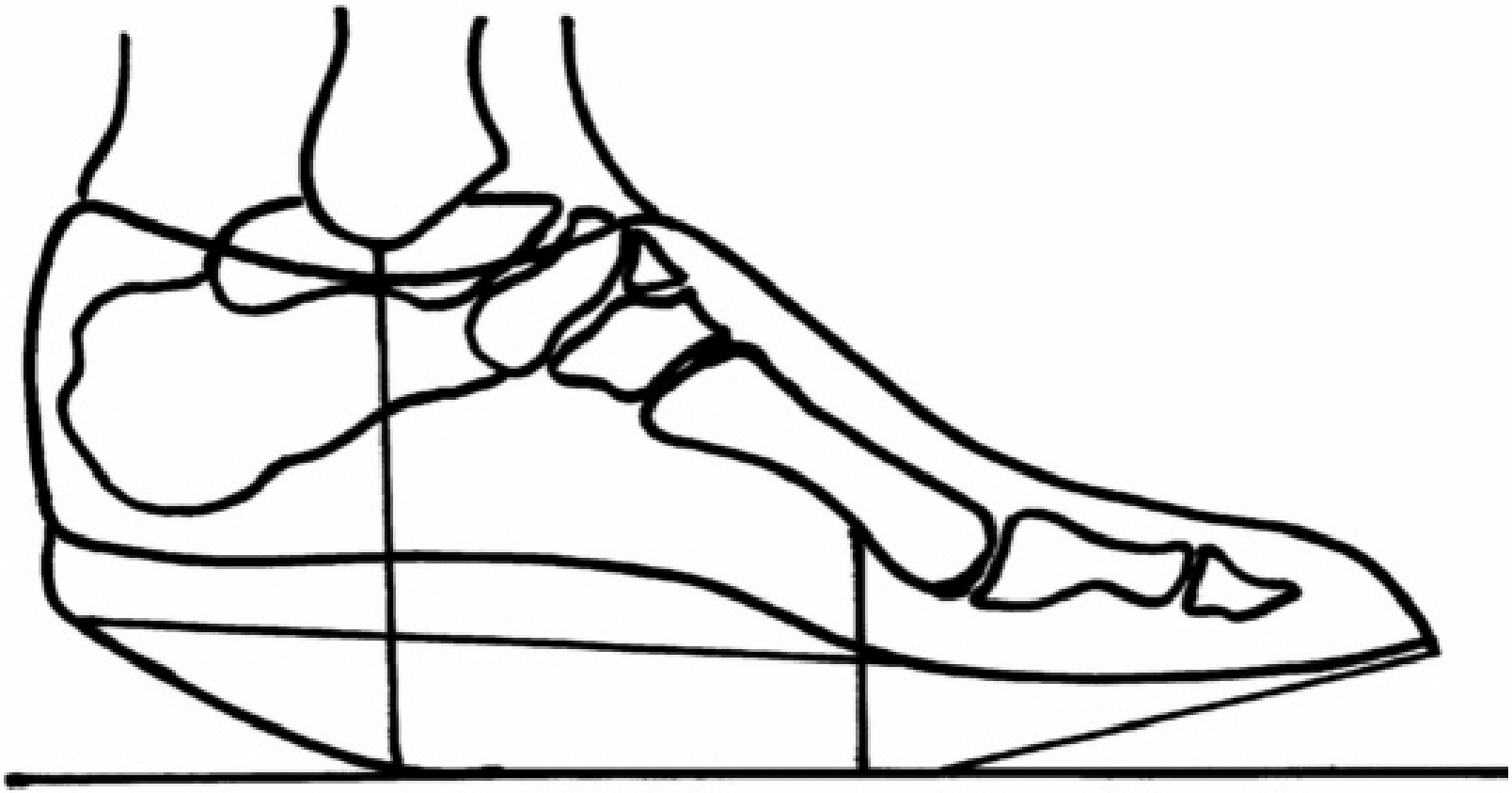
Exterior, additions to the outsole that taper off to the distal tip of a shoe's outsole are known as ____.

A. stabilizers
B. rocker soles
C. wedges
D. buttresses

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Single Rocker Sole Showing Posterior and Anterior Apex



Stance phase comprises approximately ___ of the gait cycle.

A. 58%

B. 38%

C. 62%

D. 72%

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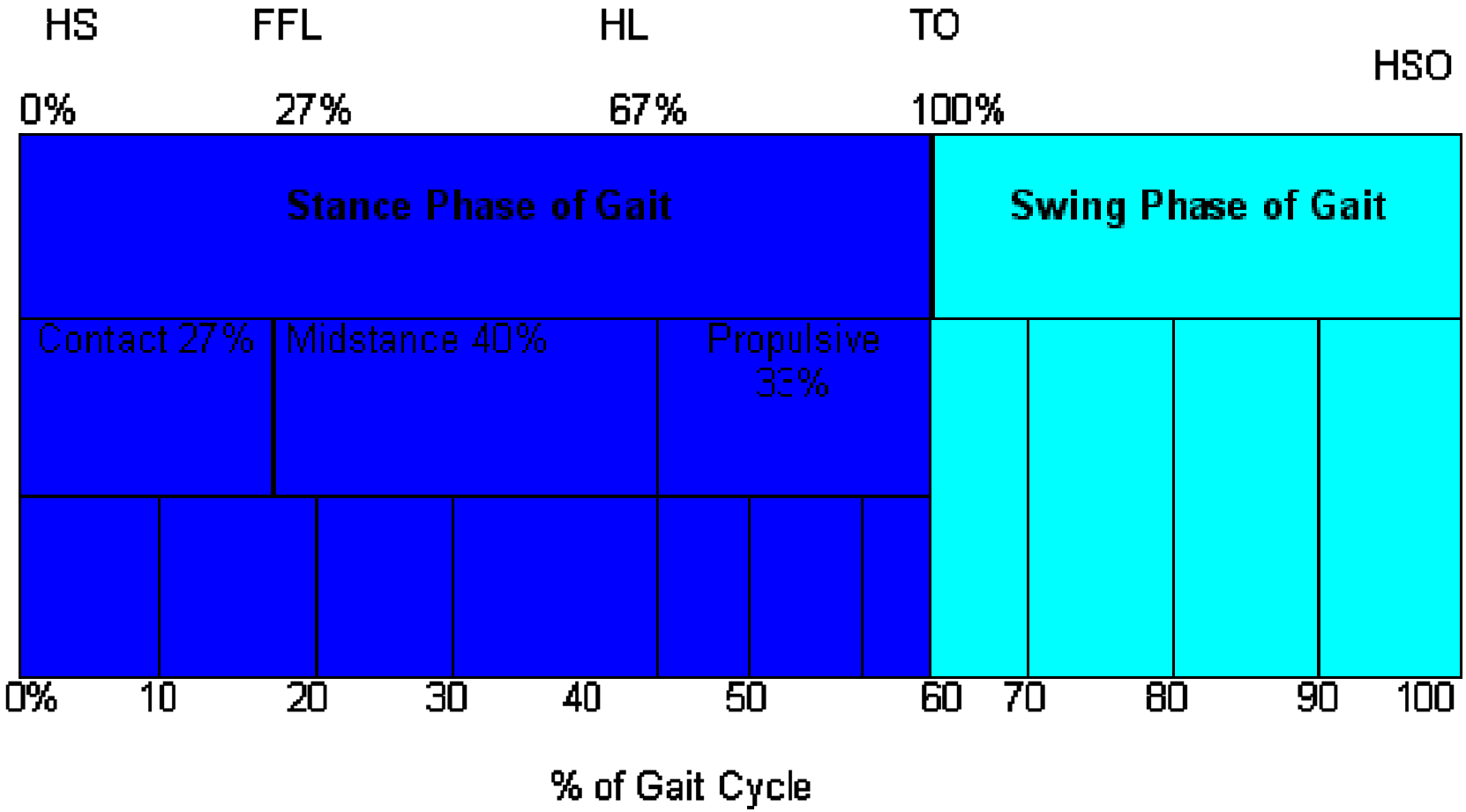
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B. 38%

C. **62%**

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Stance Phase = 62% of gait cycle



"Too many toes" sign may be an indication of _____.

A. adult acquired flatfoot
B. severe pronation
C. posterior tibialis dysfunction
D. All of the above.

"Too many toes" sign may be an indication of _____.

A. adult acquired flatfoot

B. severe pronation

C. posterior tibialis dysfunction

D. **All of the above.**

Too many toes



The width of a Thomas bar from the anterior edge to the posterior edge is ____.

A. 1/2"
B. 3/4”
C. 1”
D. 1-1/4”

The width of a Thomas bar from the anterior edge to the posterior edge is ____.

A. 1/2"

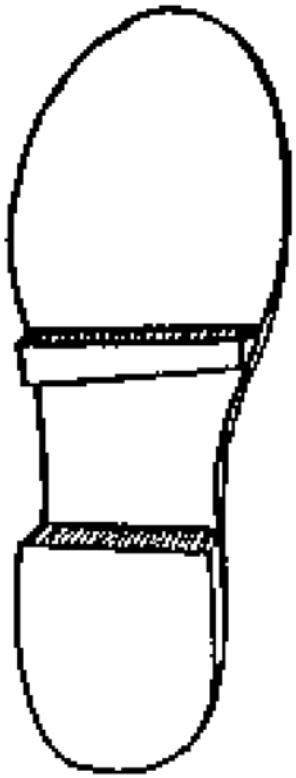
B. **3/4”**

C. 1”

D. 1-1/4”

Thomas Bar

A Thomas bar is ¾’ wide



Your patient is a 56 year old female with a rigid foot due to arthritis. The prescription indicates a functional orthotic fabricated from carbon graphite. You question the use of a rigid material in conjunction with a rigid foot. Your responsibility is to:

A. notify the physician and suggest a change to a less rigid material

B. tell the patient that you think the prescription is wrong

C. tell the patient that you think the prescription is wrong and change the order to correct the problem

D. fill the prescription as ordered by the physician

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C. tell the patient that you think the prescription is wrong and change the order to correct the problem

D. fill the prescription as ordered by the physician

Recommended Foot Orthotic for Arthritic Foot

- Accommodative Foot Orthosis
- Total Contact Foot Orthosis
- Sweet Spots
- Toe Crests
- Soft top cover

The certified pedorthist must receive a prescription from a physician or appropriately licensed health care provider before providing any pedorthic device to a patient. It is the responsibility of the physician or appropriately licensed health care provider, and not the certified pedorthist, to determine the medical appropriateness of the pedorthic device.

The shoe modification used to widen the base of support is ____.

A. metatarsal bars
B. wedges
C. sole flares
D. rocker bottoms

The shoe modification used to widen the base of support is ____.

A. metatarsal bars

B. wedges

C. **sole flares**

D. rocker bottoms

Sole Flares

- A medial flare is used to resist eversion
- A lateral flare is used to resist inversion
- Both flares promote great stability.

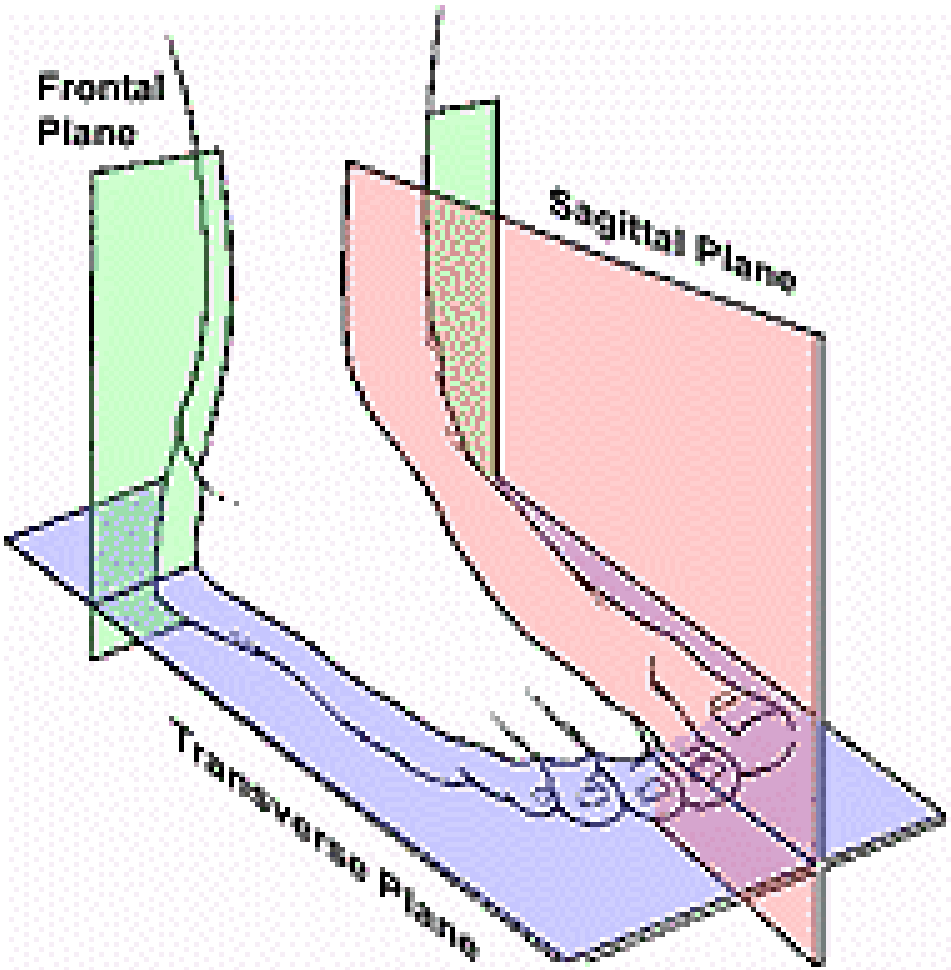
Plantarflexion of the foot occurs in the _____ plane.

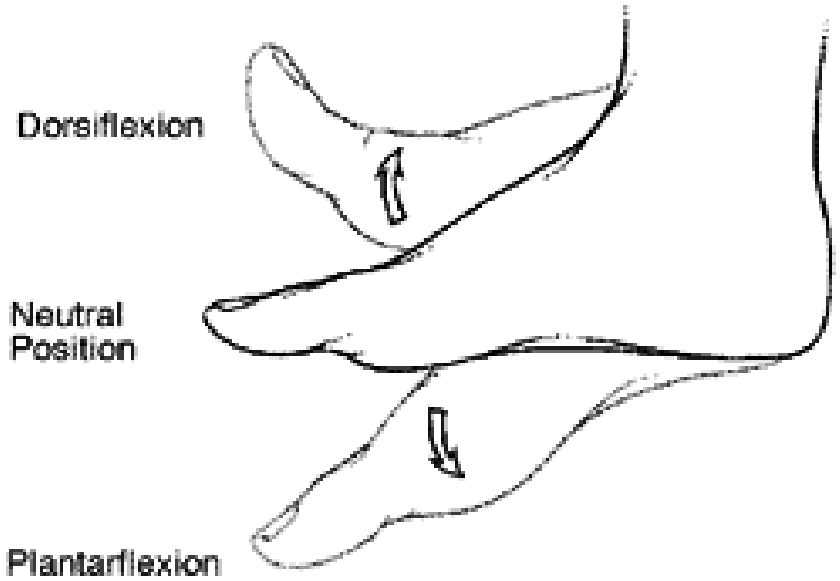
A. frontal
B. coronal
C. transverse
D. sagittal

Plantarflexion of the foot occurs in the _____ plane.

A. frontal
B. coronal
C. transverse
D. **sagittal**

Plantarflexion





Hook and Loop closures should be used for patients with ____.

A. diabetes
B. hemiplegia
C. arthritis
D. All of the above.

Hook and Loop closures should be used for patients with ____.

A. diabetes

B. hemiplegia

C. arthritis

D. **All of the above.**

- A diabetic shoe with adjustable hook and loop closures – like with Velcro – often provides the best fit, since the patient can make the fit larger or smaller as needed.
- Arthritis make a prehensile grip difficult. Therefore, tying shoes becomes very difficult.
- Hemiplegia may make grip difficult with the hand on the affected side.

You need to cast your patient for custom molded shoes. Your patient has contractures of the digits. You should choose ____ as a casting method.

A. Slipper Casting
B. Bivalve
C. Univalve
D. Impression Foam

You need to cast your patient for custom molded shoes. Your patient has contractures of the digits. You should choose ____ as a casting method.

A. Slipper Casting
B. **Bivalve**
C. Univalve
D. Impression Foam

- Difficult to remove contracted toe(s) from univalve cast
- Bivalve cast allows for top and bottom cast split at the toe line





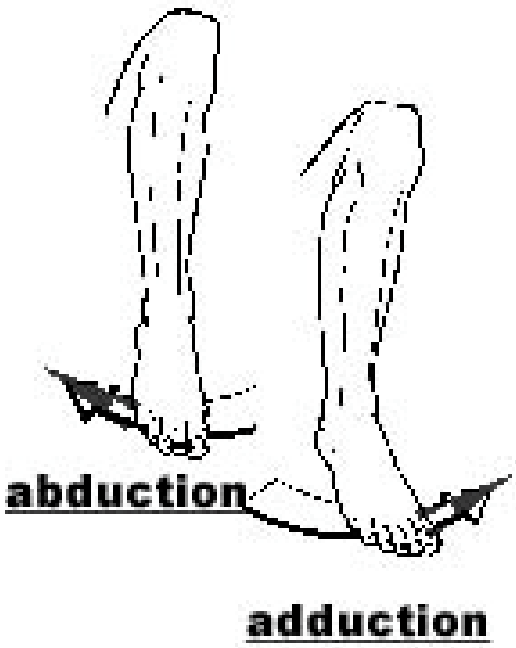
_____ is the motion of a body part toward the midline of the body, in a transverse plane.

A. Abduction
B. Adduction
C. Eversion
D. Inversion

_____ is the motion of a body part toward the midline of the body, in a transverse plane.

A. Abduction
B. **Adduction**
C. Eversion
D. Inversion

• Adduction is movement of the foot toward the midline of the body. The opposite of adduction is abduction.
• An adductor muscle pulls toward the midline of the body. For example, the adductor muscles of the feet pull the feet toward the midline of the body so the feet are closer together.
•From the Latin prefix "ad" meaning "toward" + "ducere" meaning "to draw or lead" = "to draw toward."



___ is a condition that involves an attack by the auto-immune system. One of the symptoms are round, painless nodules under the skin.

A. Morton's Neuroma

B. Rheumatoid Arthritis

C. Charcot-Marie-Tooth Disease

D. None of the above.

___ is a condition that involves an attack by the auto-immune system. One of the symptoms are round, painless nodules under the skin.

A. Morton's Neuroma

B. **Rheumatoid Arthritis**

C. Charcot-Marie-Tooth Disease

D. None of the above.

- The cause of Rheumatoid Arthritis (RA) is unknown, however the condition involves an attack on the body by its own immune cells (auto-immune disease). Different cases may have different causes. Infectious, genetic, and hormonal factors may play a role.

- The disease can occur at any age, but the peak incidence of disease onset is between the ages of 25 and 55. The disease is more common in older people. Women are affected 2.5 times more often than men. Approximately 1-2% of the total population is affected. The course and the severity of the illness can vary considerably.



To Ambulate means to ____.

A. move about
B. remove a limb
C. reduce swelling
D. None of the above.

To Ambulate means to ____.

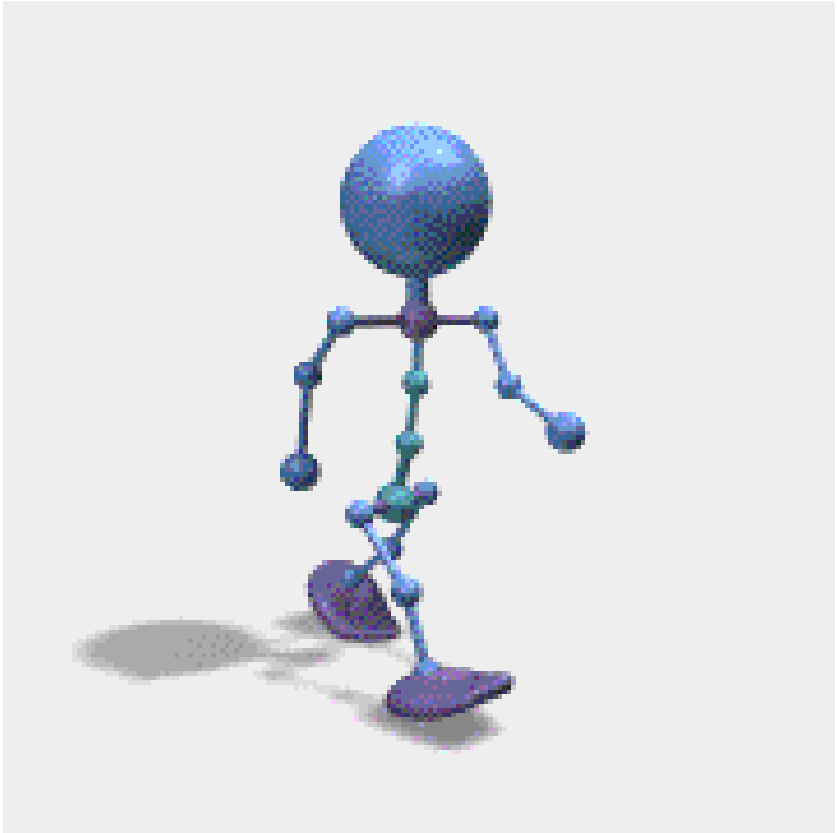
A. **move about**

B. remove a limb

C. reduce swelling

D. None of the above.

- Ambulation is the ability to walk and move about freely.



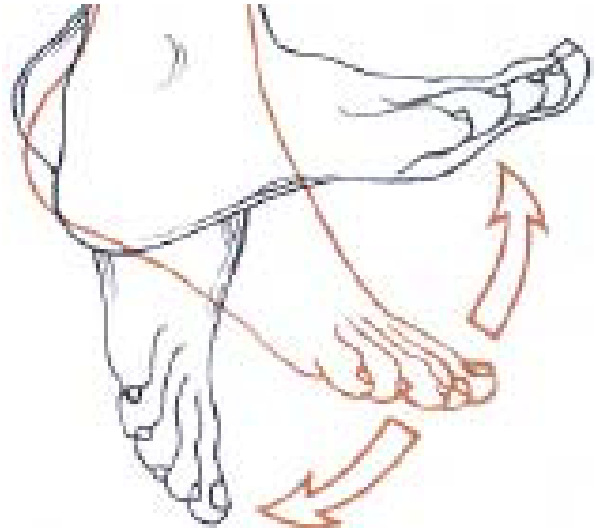
The ankle is a _____ joint.

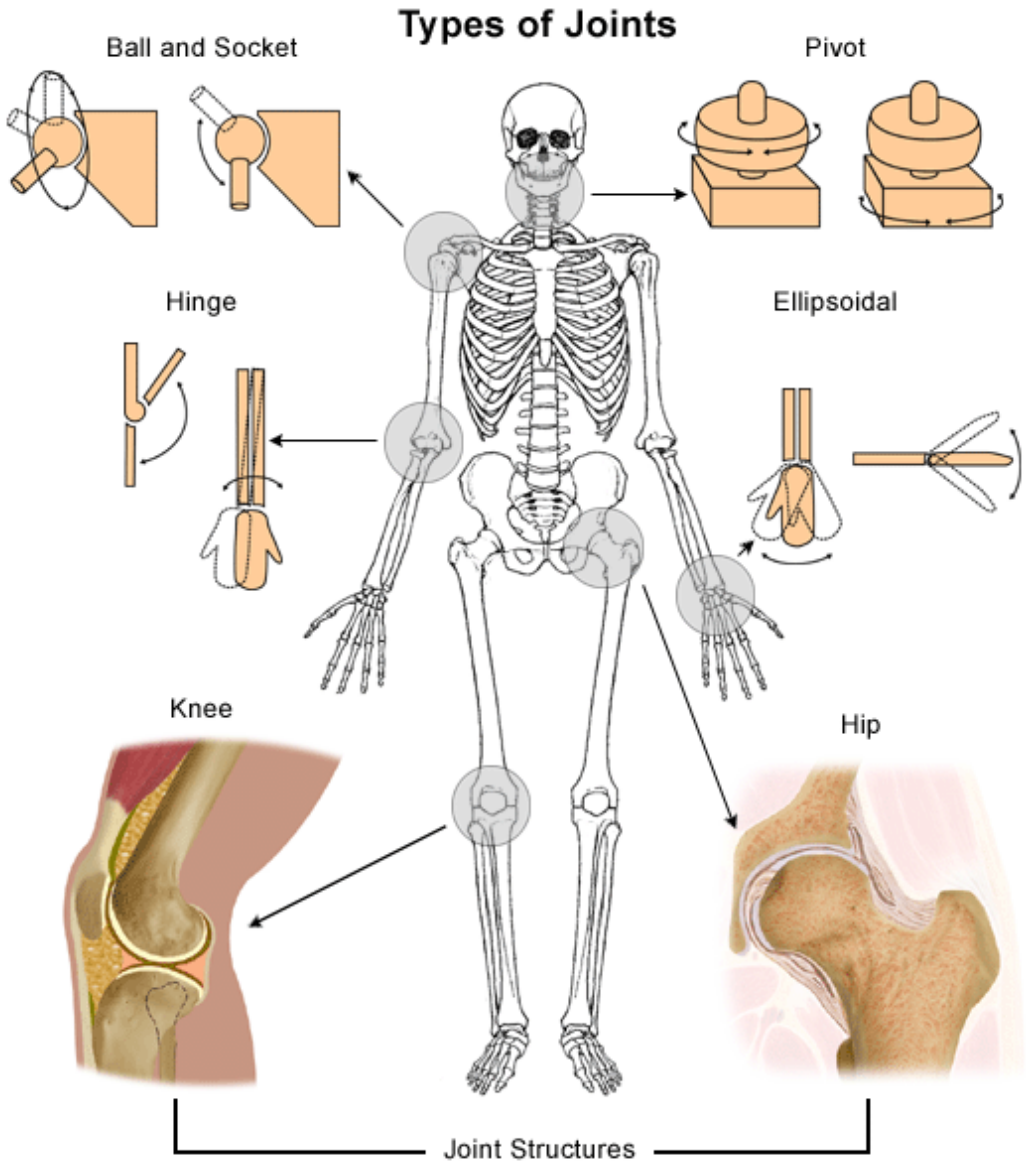
A. Ball & Socket
B. Hinge
C. Ellipsoidal
D. Pivot

The ankle is a _____ joint.

A. Ball & Socket
B. **Hinge**
C. Ellipsoidal
D. Pivot

- Hinge joints, such as in the fingers, knees, elbows, ankles, and toes, allow only bending and straightening movements.





During an a patient examination, you notice a dry, crackling sound or sensation as the ankle joint is moved. This is known as _____.

A. Crepitus

B. Atrophy

C. Equinus

D. Bell's Palsy

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- Crepitus in a joint can indicate cartilage wear in the joint space.
- The term "crepitus" is taken directly from the Latin "crepitus" meaning "a crackling sound or rattle."
- Typically crepitus is a grinding noise coupled with a sensation in the affected joint. Crepitus can occur with or without pain.



The _____ bone articulates posteriorly with the calcaneus and anteriorly with the 4th and 5th metatarsals.

A. Cuboid

B. Navicular

C. Scaphoid

D. All of the above.

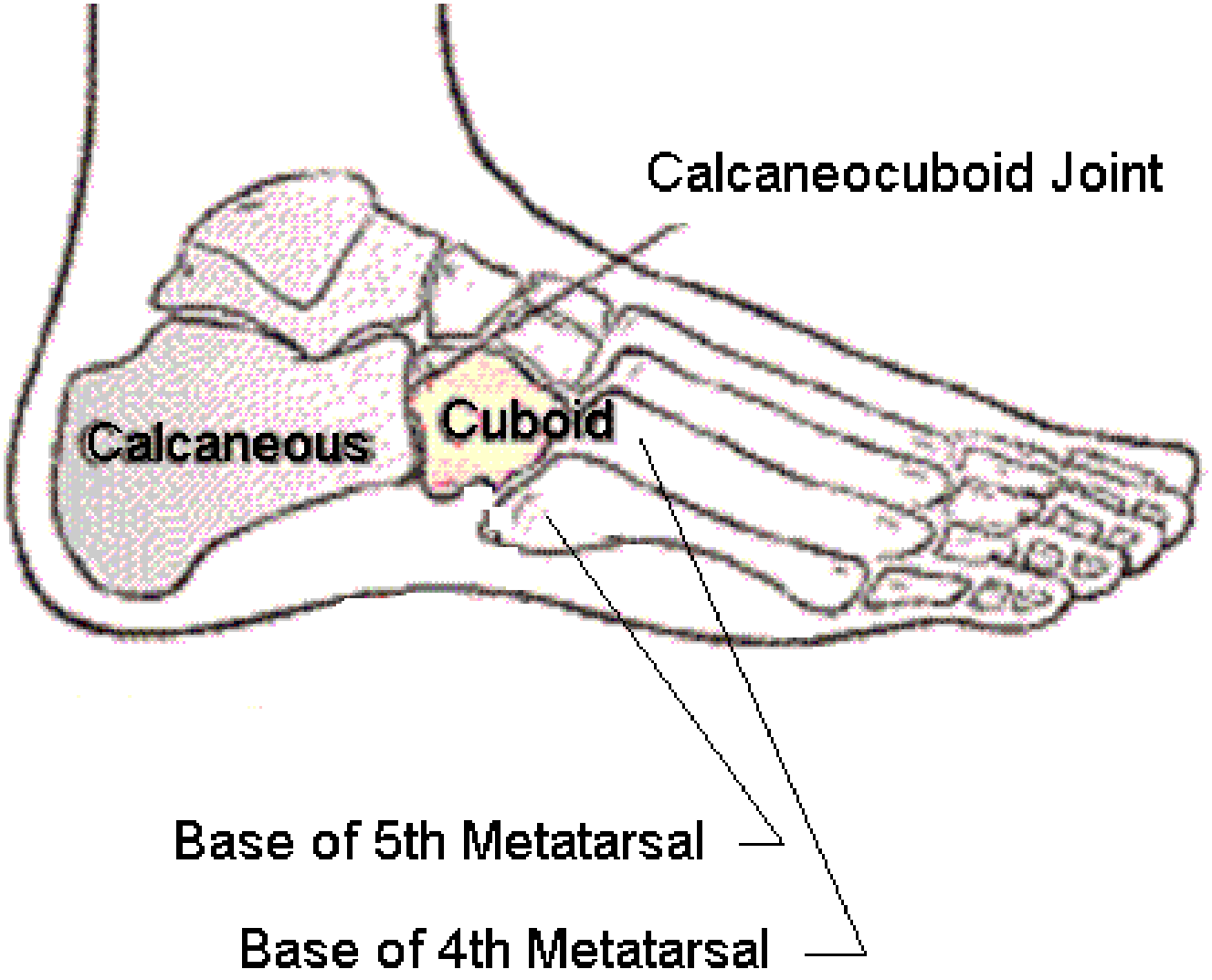
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Calcaneocuboid Joint
Calcaneous
Cuboid
Base of 5th Metatarsal
Base of 4th Metatarsal

The range of movement of the foot downward away from the ankle in the Sagittal plane of the body is about ____.

A. 20 Degrees

B. 25 Degrees

C. 30 Degrees

D. 45 Degrees

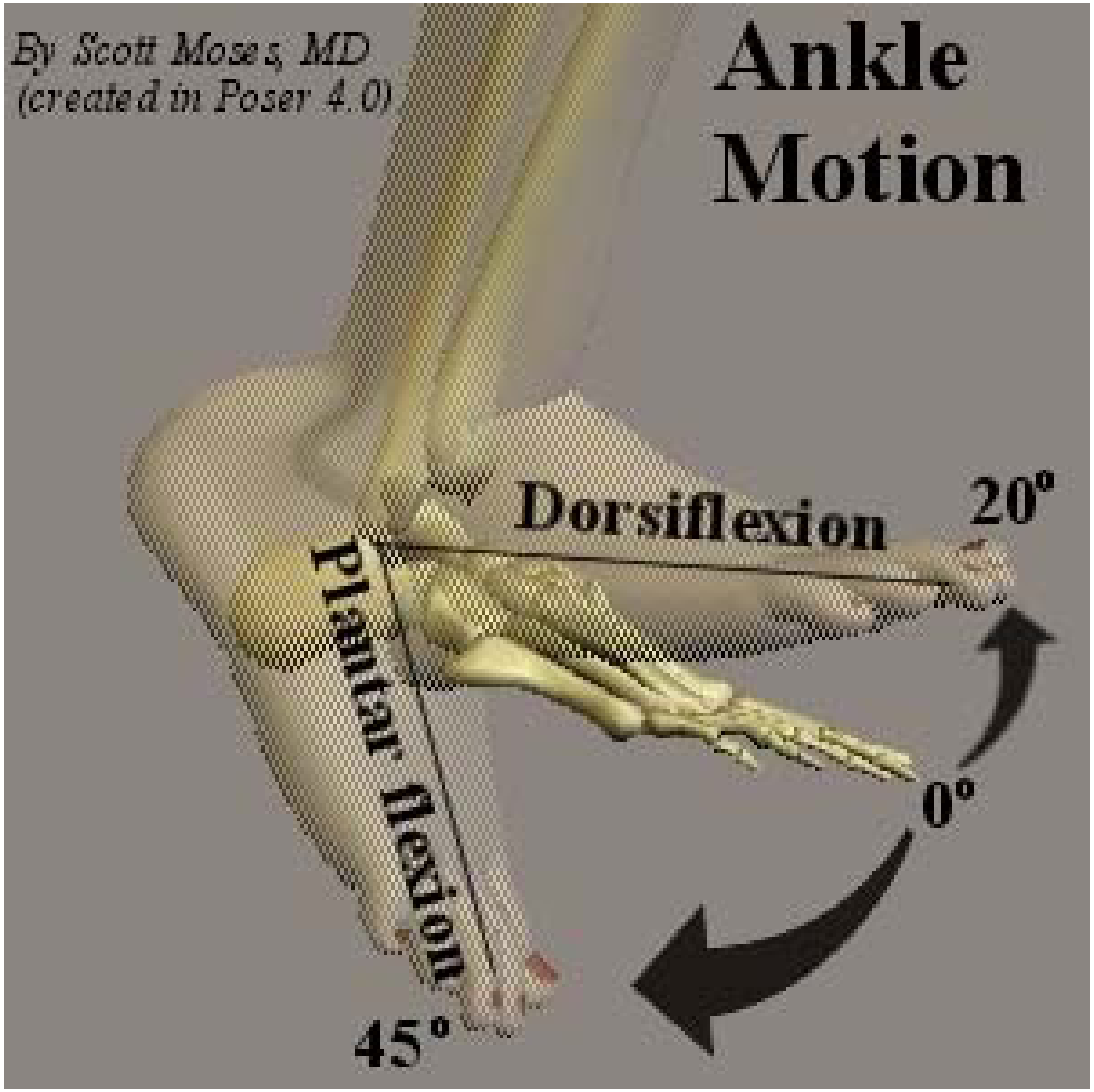
The range of movement of the foot downward away from the ankle in the Sagittal plane of the body is about ____.

A. 20 Degrees

B. 25 Degrees

C. 30 Degrees

D. **45 Degrees**


By Scott Moses, MD
(created in Poser 4.0)
Ankle
Motion
Dorsiflexion
20°
0°
Plantar flexion
45°

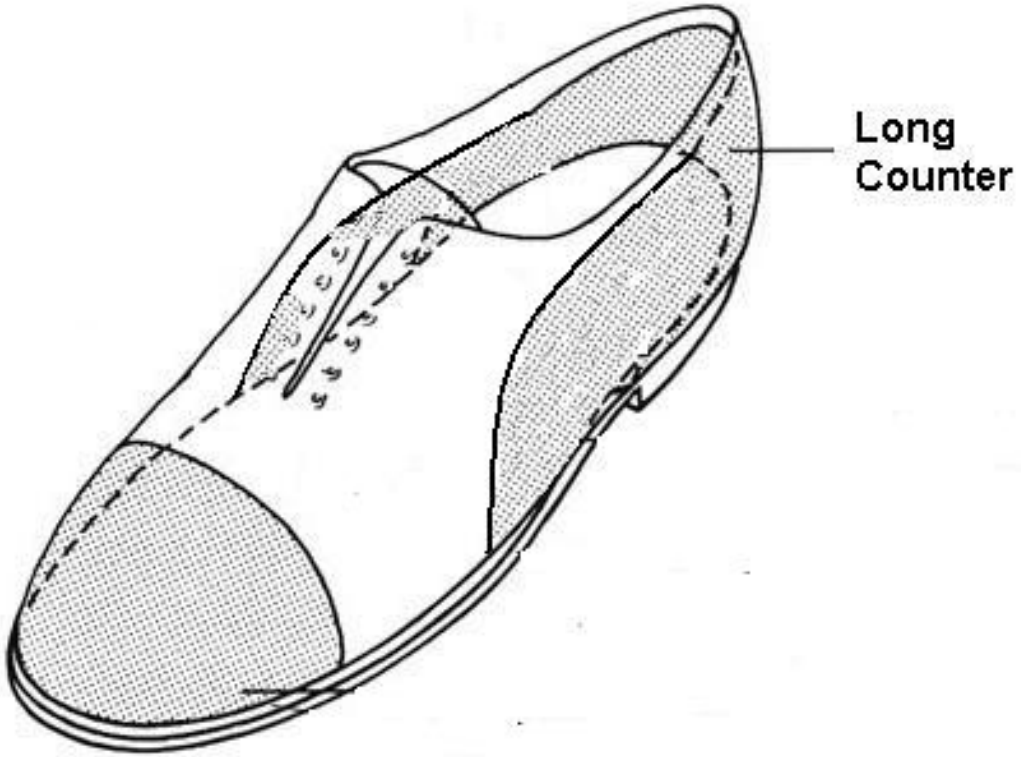
A long counter is one that is extended to the _____ .

A. mid tarsal
B. upper vamp
C. metatarsal heads
D. posterior

A long counter is one that is extended to the _____ .

A. mid tarsal
B. upper vamp
C. **metatarsal heads**
D. posterior

The counter is a component of the quarter that stabilizes the hindfoot in the shoe and retains the shape of the posterior portion of the shoe. Counters are usually made from fiberboard or heat molded plastic. Foxing is an additional piece of leather that covers the counter externally. Sometimes a counter will extend medially to support the heel and prevent prolonged pronation. In some children's shoes and athletic footwear the stiffener is extended on the medial side of the arch to provide an anti-pronatory wedge.



A 32 year old male enters your office with a prescription stating "3/4" leg length discrepancy (L)". What course should you follow?

A. Remove 3/4” from existing Right shoe

B. 3/4" Orthotic Heel Lift

C. 3/4" Shoe elevation on Right shoe

D. 3/4" Shoe elevation on Left shoe

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A. Remove 3/4” from existing Right shoe

B. 3/4" Orthotic Heel Lift

C. 3/4" Shoe elevation on Right shoe

D. **3/4" Shoe elevation on Left shoe**

- ¼” lift is the maximum in-shoe lift
- Lift is fabricated on short leg shoe





Equinovarus has three components. They are _____.

A. dorsiflexion, eversion and abduction
B. varus, inversion and equinus
C. valgus, eversion and equinus
D. planterflexion, inversion and adduction

Equinovarus has three components. They are _____.

A. dorsiflexion, eversion and abduction

B. **varus, inversion and equinus**

C. valgus, eversion and equinus

D. planterflexion, inversion and adduction

- AKA Clubfoot, Talipes Equinovarus
- Heel varus (medial deviation)
  - Medial malleoli are further from each other
- Sole deviates medially (soles face each other)
  - Medial foot concave
  - Lateral foot convex (kidney shape)
  - Foot inverted
- Plantar flexion with inability to dorsiflex
  - Equinus of Ankle and forefoot



When fascia of the plantar surface of the foot is inflamed, the condition is known as _____.

A. Heel Spurs
B. Plantar Faciitis
C. Neuroma
D. All of the above.

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A. Heel Spurs
B. **Plantar Faciitis**
C. Neuroma
D. All of the above.

- Plantar Fasciitis, an inflammation (irritation and swelling with presence of extra immune cells) of the thick tissue on the bottom of the foot that causes heel pain and disability.
- Plantar fasciitis is commonly though of as being caused by a heel spur, but research has found that this is not the case. On X-ray, heel spurs are seen commonly both in people with and without plantar fasciitis.

The sub-dermal tissue made up of capsules containing mostly lipids under the plantar surface of the calcaneous is known as the _____.

A. venous system
B. nervous system
C. fascia
D. heel fat pad

The sub-dermal tissue made up of capsules containing mostly lipids under the plantar surface of the calcaneous is known as the _____.

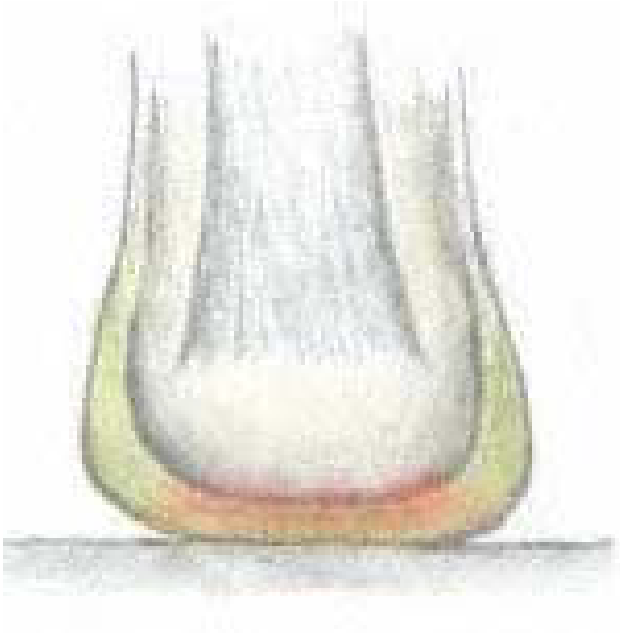
A. venous system

B. nervous system

C. fascia

D. **heel fat pad**

- The heel fat pad has a unique structure that is important for its shock-absorbing function. Loss of elasticity and changes in the thickness of the heel pad have been suggested as causes of heel pain. The present study of a population with heel pain shows the relationship between the thickness and elasticity of the heel fat pad and age, sex, obesity, duration of symptoms, subcalcaneal spurs, and noninvasive conservative treatment.



In the painful heel, the fat pad is compressed and pushed up the side of the foot leaving far less protection for the heel bone.

Vertical slant at the posterior aspect of the heel is known as the ____.

A. Heel Seat
B. Heel Elevation
C. Heel Pitch
D. Heel Breast

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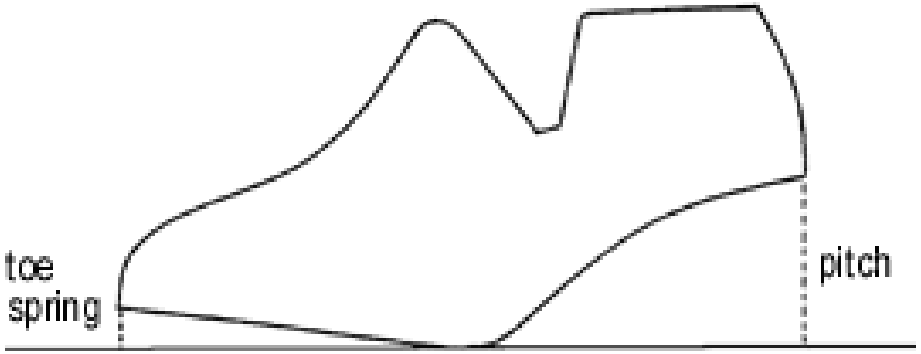
A. Heel Seat

B. Heel Elevation

C. **Heel Pitch**

D. Heel Breast

- The Heel Pitch is the vertical slant at the posterior aspect of the heel
- The Heel Seat is the area of the shoe upon which the calcaneus rests
- Heel Elevations are additions to the heel of the shoe to accommodate limb length discrepancy.
- The Heel Breast is the anterior margin of heel



A _____ mat is a device used to locate pressure points on the plantar surface of the foot via ink applied to a rubber bladder containing raised grid marks.

A. Semmes Weinstein

B. Morton

C. Brannock

D. Harris

A _____ mat is a device used to locate pressure points on the plantar surface of the foot via ink applied to a rubber bladder containing raised grid marks.

A. Semmes Weinstein

B. Morton

C. Brannock

D. **Harris**

- The Harris Footprint Mat is a device able to capture a dynamic pressure map of the foot. Small rubber ridges of different concentric heights deposit ink to a sheet of paper – the “film” - placed between the mat and the foot. Greater local foot forces deposit more ink to the paper interface, giving a clear indication of the areas of highest pressure and consequently the area of greatest concern for ulceration. This device is reusable by re-applying ink to the surface.



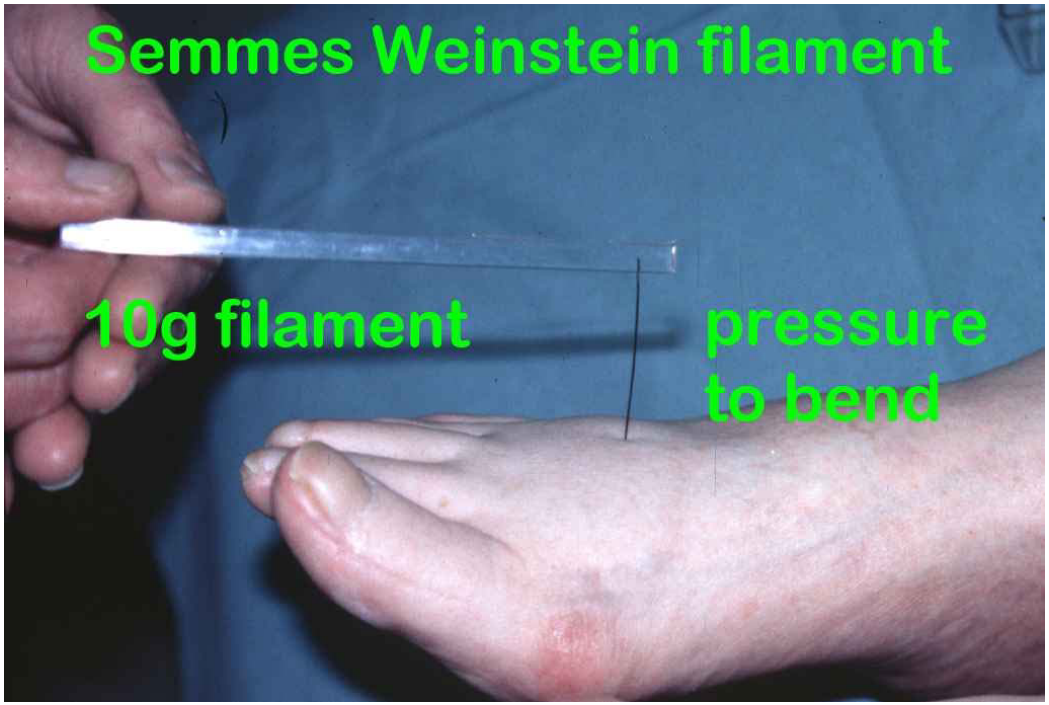
The Semmes Weinstein sensory test commonly use's _____ for detection of neuropathy in the diabetic patient.

A. 4.93 8 gram Monofilament
B. 5.07 10 gram Monofilament
C. 5.46 12 gram Monofilament
D. None of the above

The Semmes Weinstein sensory test commonly use's _____ for detection of neuropathy in the diabetic patient.

A. 4.93 8 gram Monofilament
B. 5.07 10 gram Monofilament
C. 5.46 12 gram Monofilament
D. None of the above

- Semmes-Weinstein monofilaments are calibrated nylon monofilaments. Monofilaments generate a reproducible buckling stress and are identified by manufacturer-assigned numbers that range from 1.65 to 6.65. The higher the value of the monofilament, the stiffer and more difficult it is to bend. Force required to bend a 5.07 monofilament is 10 grams.



Pronation is a tri-plane motion of the foot consisting of ____.

A. eversion, dorsiflexion, and abduction
B. inversion, plantar flexion, and adduction
C. plantarflexion, abduction and eversion
D. adduction, inversion and dorsiflexion

Pronation is a tri-plane motion of the foot consisting of _____.

A. **eversion, dorsiflexion, and abduction**
B. inversion, plantar flexion, and adduction
C. plantarflexion, abduction and eversion
D. adduction, inversion and dorsiflexion

- Pronation is a tri-plane motion consisting of.
  - **D**orsi Flexion in the Sagital Plane
  - **E**version in the Frontal Plane
  - **Ab**duction in the Transverse Plane



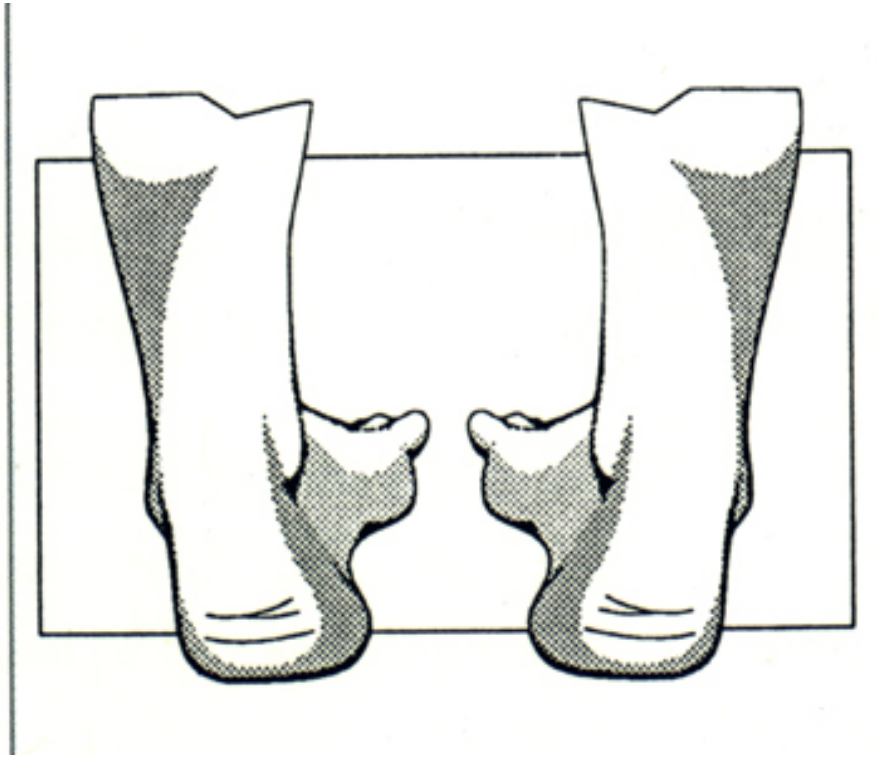
An anatomical position of a body part bending or twisting inward the midline is known as ____.

A. Pronation
B. Supination
C. Varus
D. Valgus

An anatomical position of a body part bending or twisting inward the midline is known as _____.

A. Pronation
B. Supination
C. **Varus**
D. Valgus

- An anatomical position of a body part bending or twisting inward. Opposite of Valgus.



You observe a pediatric patient during gait and notice deformity of the legs in which the knees are abnormally close together and the ankles are spread widely apart. This condition is known as ____.

A. Genu Valgum

B. Genu Varum

C. Genu Recurvatum

D. Bowlegs

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A. **Genu Valgum**

B. Genu Varum

C. Genu Recurvatum

D. Bowlegs

- Genu valgum is the Latin-derived term used to describe knock-knee deformity.
- While many otherwise healthy children have knock-knee deformity as a passing trait, some individuals retain or develop this deformity due to hereditary or genetic disorders or metabolic bone disease.
- The typical gait pattern is circumduction, requiring that the individual swing each leg outward while walking in order to take a step without striking the planted limb with the moving limb.



The____ passes behind the medial malleolus of the ankle.

A. Posterior Tibial Tendon
B. Flexor Hallucis Tendon
C. Flexor Digitorum Longus Tendon
D. All of the above.

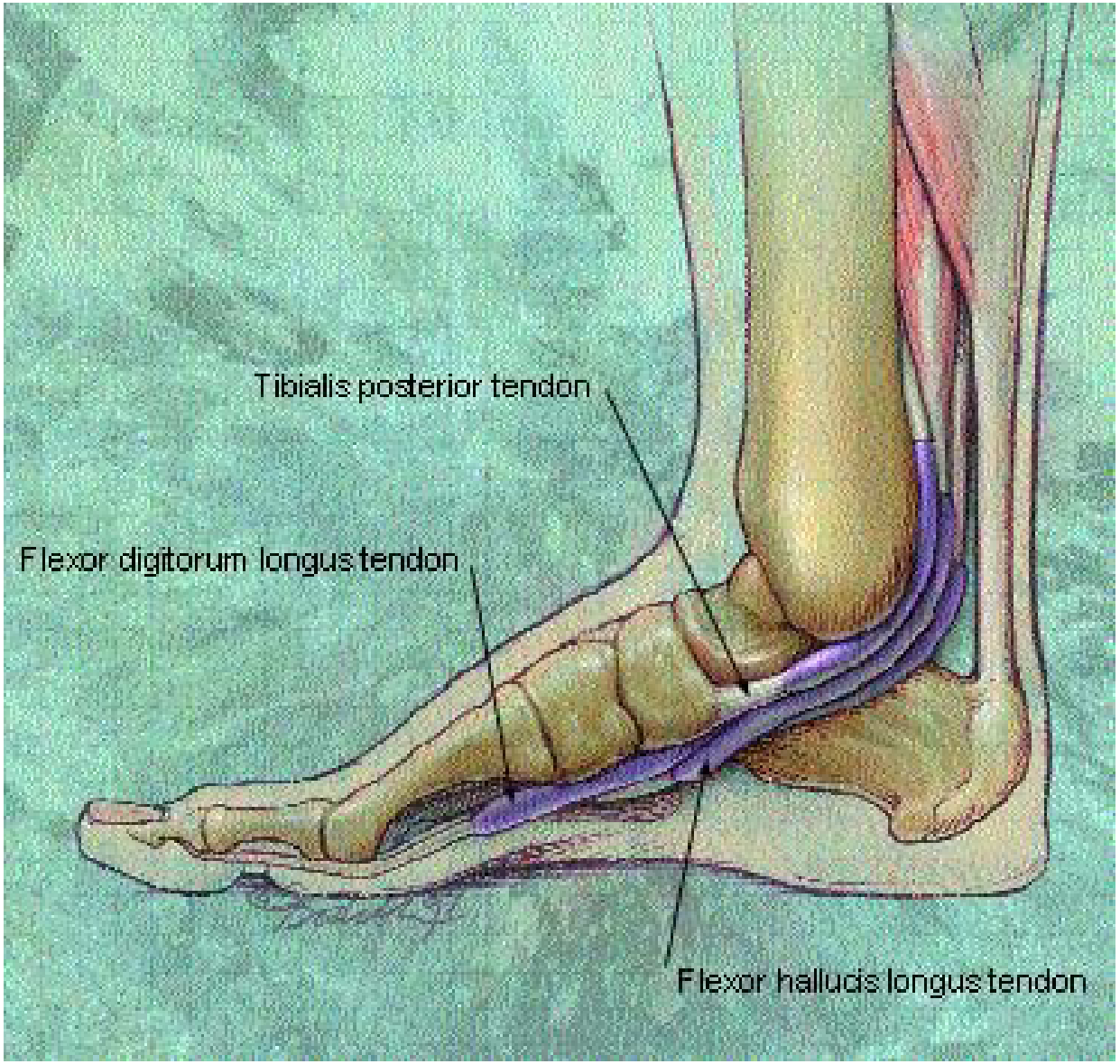
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C. Flexor Digitorum Longus Tendon

D. **All of the above.**


Tibialis posterior tendon
Flexor digitorum longus tendon
Flexor hallucis longus tendon

An Iron is a term used to describe the measure of thickness of leather commonly used for soles. A six-iron sole is ____ thick.

A. 1/8"

B. 1/4”

C. 1/2”

D. 2/6”

An Iron is a term used to describe the measure of thickness of leather commonly used for soles. A six-iron sole is ____ thick.

A. **1/8"**

B. 1/4”

C. 1/2”

D. 2/6”

- Iron is a term used to describe the measure of thickness of leather commonly used for soles.
- One iron = 1/48 of an inch.
- For example, six-iron sole is 1/8 inch thick.

Medium Plastizote is ____ Shore A Durometer.

A. 15

B. 25

C. 60

D. 85

Medium Plastizote is ____ Shore A Durometer.

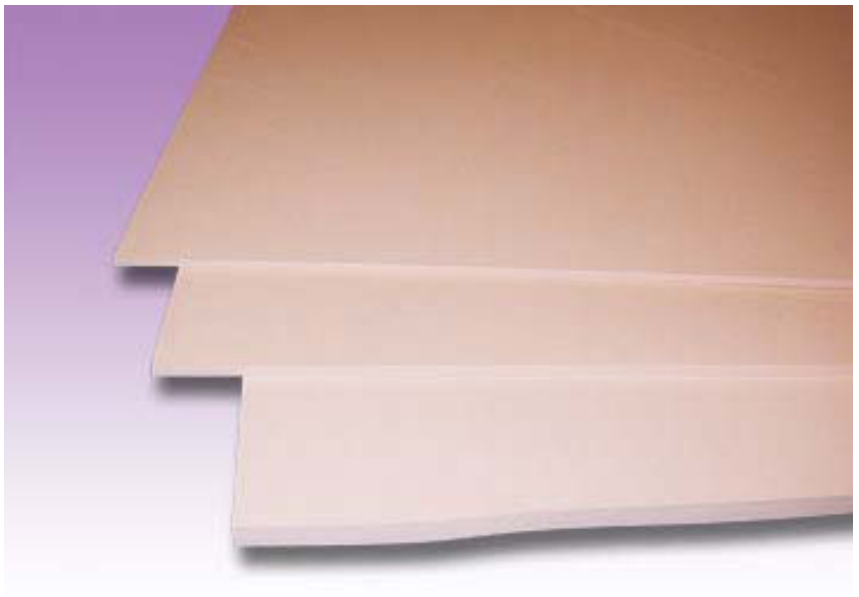
A. **15**

B. 25

C. 60

D. 85

- Plastizote molds for pressure distribution and protection.
- Popularly Pink (or Flesh) in color
- AKA P-cell (stronger, more durable)
- Closed Cell



How many bones are in the foot?

A. 24

B. 25

C. 26

D. 27

How many bones are in the foot?

A. 24

B. 25

C. **26**

D. 27

The 26 bones of the foot:

- Distal Phalange (x4)
- Middle Phalange (x5)
- Proximal Phalange (x5)
- Medial, intermediate & lateral cuneiform
- Cuboid
- Navicular
- Talus
- Calcaneous
- There are 206 bones in the human body, therefore the feet have a quarter of all the bones in the body!

The _____ muscle enables the foot to dorsiflex.

A. Peroneus tertius
B. Anterior tibialis
C. Extensor hallucis longus
D. All of the above.

The _____ muscle enables the foot to dorsiflex.

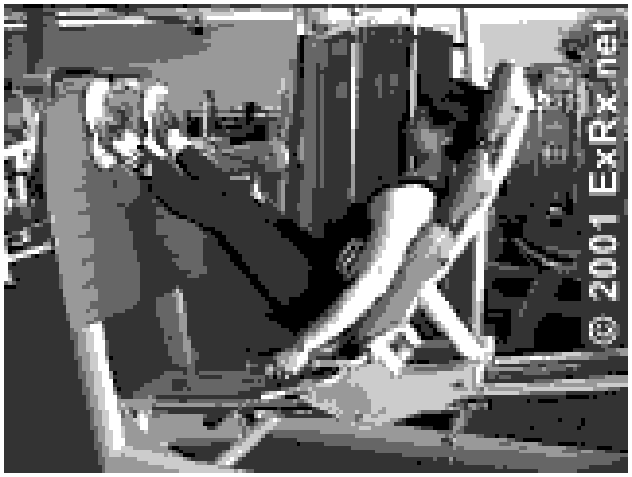
A. Peroneus tertius

B. Anterior tibialis

C. Extensor hallucis longus

D. **All of the above.**

- **Tibialis anterior**
- Extension digitorum longus
- Extensor hallucis longus
- Peroneus tertius





The Hindfoot consists of the ____ and ____.

A. Calcaneous; Subtalar
B. Calcaneous; Talar
C. Calcaneous; Malleolus
D. Os Calsis; Talus

The Hindfoot consists of the ____ and ____.

A. Calcaneous; Subtalar

B. Calcaneous; Talar

C. Calcaneous; Malleolus

D. **Os Calsis; Talus**

- Os Calsis = Calcaneous
- Largest bone in the foot
- The word "calcaneus" comes from the Latin calx meaning limestone. The heel bone looked like a lump of chalk (to someone). The word "calcium" also comes from calx.



_____ is a small, oval-shaped bone which develops inside a tendon, where the tendon passes over a bony prominence.

A. Stone
B. Keratosis
C. Sesamoid
D. Retinaculum

_____ is a small, oval-shaped bone which develops inside a tendon, where the tendon passes over a bony prominence.

A. Stone

B. Keratosis

C. **Sesamoid**

D. Retinaculum

- From the Greek word for "Similar To A Sesame Seed“
- The sesamoids act like pulleys, to help and improve the efficiency and function of the flexor tendons





Stance phase consists of _____, Midstance and Toe-off.

A. Foot Down

B. Foot Flat

C. Swing Over

D. Heel Strike

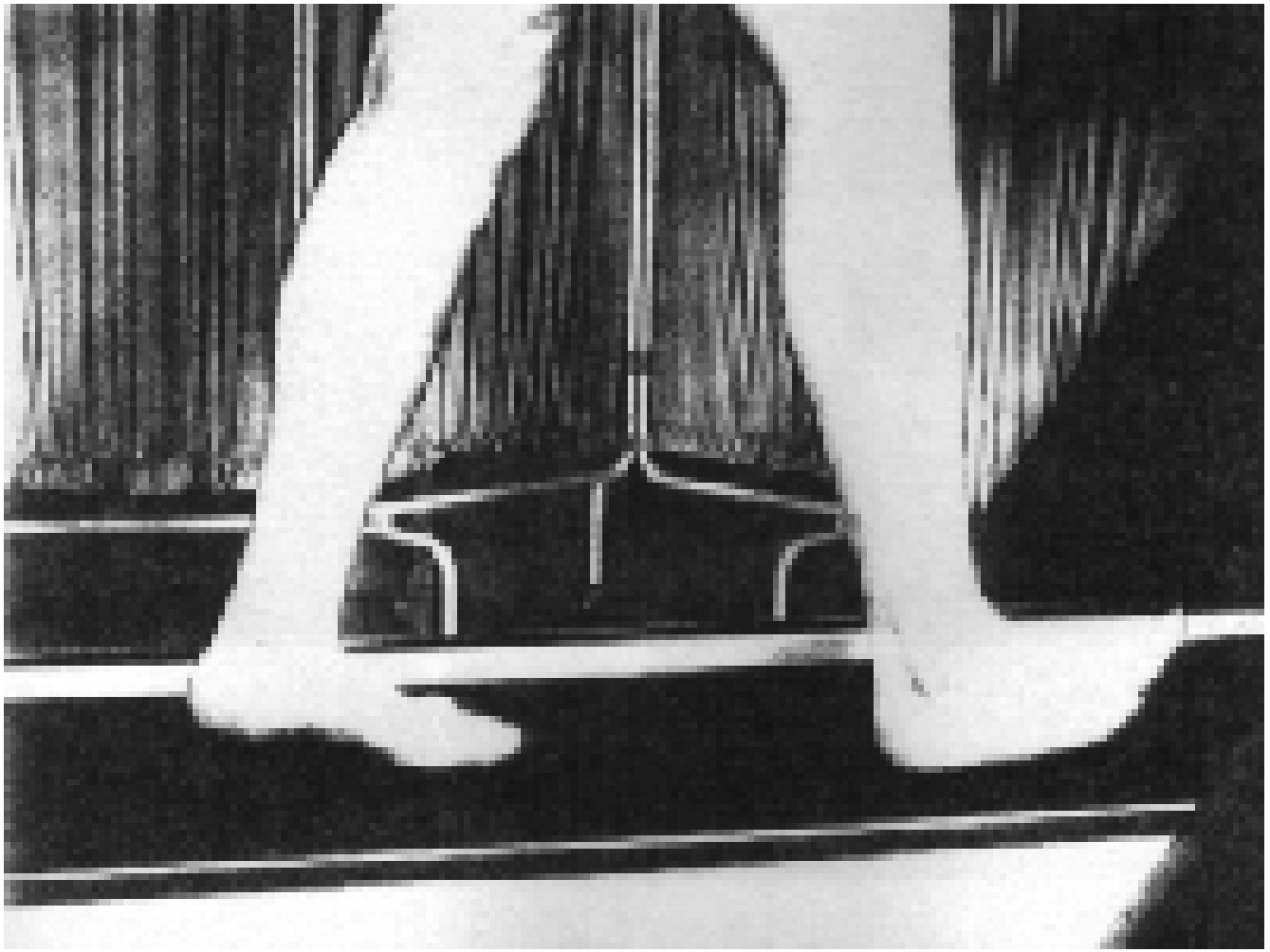
Stance phase consists of _____, Midstance and Toe-off.

A. Foot Down

B. Foot Flat

C. Swing Over

D. **Heel Strike**



Contact phase: R foot heel strike

Hallux Valgus is most often associated with what pathology?

A. Callouses
B. Bunions
C. Diabetes
D. Arthritis

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B. **Bunions**
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- Lateral deviation of the great toe (first ray); deviates at first metatarsal-phalangeal joint (MTP). The 1st metatarsal is in a Varus position The Hallux is in a Valgus position.
- Environmental risks such as wearing pointed shoes, and friction over medial first metatarsal head. The sesamoids are often deviated to the lateral side of the hallux.



A hard corns are also known as ____.

A. Dorsal Callouses
B. Interdigital Corns
C. Heloma durum
D. All of the above.

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B. Interdigital Corns
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D. All of the above.

- Hard Corn is the most common type of corn. Firm keratin nodule in pressure areas. They are well circumscribed and have a central conical keratin core.
- Typical sites include the dorsolateral aspect of fifth toe and the dorsum of interphalangeal joints of lateral toes.



Hard corns are usually caused by ____.

A. Friction & Pressure
B. Abnormal Gait
C. Improperly fitted shoes
D. All of the above.

Hard corns are usually caused by ____.

A. Friction & Pressure

B. Abnormal Gait

C. Improperly fitted shoes

D. **All of the above.**

- Corns are thickened layers of skin caused by repeated pressure or friction. Usually the result of friction or pressure from shoes that do not fit properly.
- They tend to develop over a bony prominence.

Your patient is a 58 year old female with a flexible foot and history of ankle arthrodesis. The diagnosis is “Over Supination". The best shoe modification choice is:

A. Medial Stabilizer w/ Heel Lift

B. Lateral Stabilizer w/ Mayo Bar

C. Medial Wedge w/ Thomas Bar

D. Rocker Sole w/ Lateral flare

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HIGH ARCH
(Supination)



PRONATION AND SUPINATION

Pronation and supination are complex motions around the joint beneath the ankle. Both the pronated (low arch, flat) foot and the supinated (high arch, cavus) foot may have associated symptoms that benefit from orthotics (supportive shoe inserts).

Turf toe is _____.

A. a torsion injury to the 5th digit
B. rupture of the hallux longus extensor
C. hyperextension of the 1st MTPJ
D. fracture of the hallux

Turf toe is _____.

A. a torsion injury to the 5th digit
B. rupture of the extensor digitorum longus
C. **hyperextension of the 1st MTPJ**
D. fracture of the hallux

- Turf toe is an injury to the joint capsule and ligaments that connect the foot to the Hallux.
- It is caused by traumatic hyperextension of 1st MTPJ.
- The injury is called turf toe because it often occurs in football and soccer players when playing on artificial turf.



_____ is a condition in early childhood in which the tibia is twisted inwards axially, causing the child to in-toe as he walks.

A. Internal Tibial Torsion
B. Genu Varum
C. Sever's Disease
D. Femoral Anteversion

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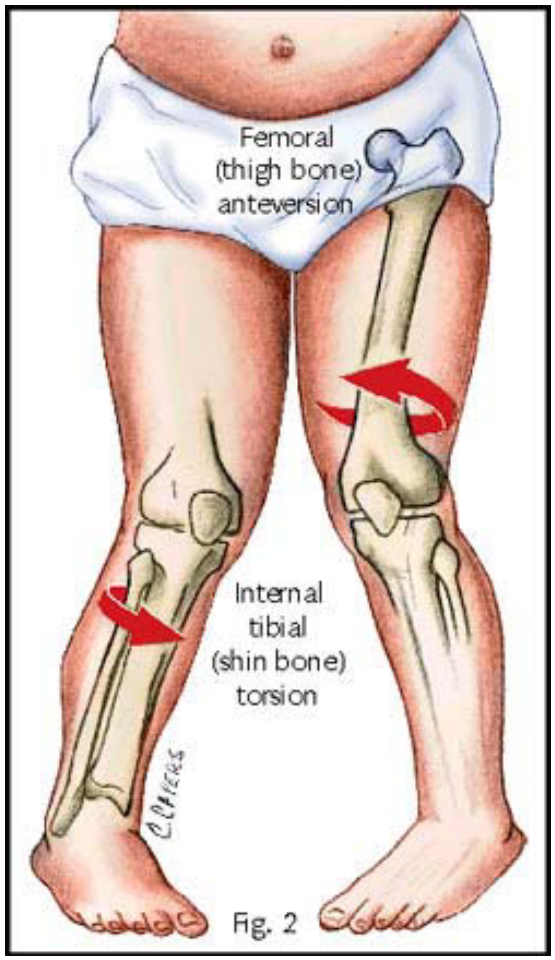
A. **Internal Tibial Torsion**

B. Genu Varum

C. Sever's Disease

D. Femoral Anteversion

Internal Tibial Torsion (ITT) is a condition in early childhood in which the tibia (leg bone) is twisted inwards axially, causing the child to intoe as he walks. ITT is universal in infants and toddlers, and when the child takes his first steps, intoeing is the norm.



Your patient is a 47 year old female. The patient complains of numbness over the bottom of the foot, as well as pain, burning, and tingling over the base of the foot and heel. The patient has a history of trauma to the medial malleolus. You suspect:

A. Exostosis
B. Plantar Fasciitis
C. Charcot-Marie-Tooth
D. Tarsal Tunnel Syndrome

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D. **Tarsal Tunnel Syndrome**

- The tarsal tunnel is a structure in the foot formed between bones of the foot and overlying fibrous tissue. Within this tunnel lies a nerve called the posterior tibial nerve.
- Tarsal tunnel syndrome results when the posterior tibial nerve is compressed within the tarsal tunnel. When the posterior tibial nerve is compressed in the tarsal tunnel, patients commonly complain of numbness over the bottom of the foot, as well as complaints of pain, burning, and tingling over the base of the foot and heel.
- Occasionally, tarsal tunnel syndrome is confused with plantar fasciitis, or heel spurs.



Your patient is a 15 year old male complaining of chronic hind foot pain and peroneal spasm. Upon examination you observe rigid flat feet, and a rigid talocalcaneal joint. The patient walks with quick, short and soft foot steps. You suspect:

A. Calcaneal Apophysitis

B. Metatarsalgia

C. Tarsal Coalition

D. None of the above.

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B. Metatarsalgia

C. **Tarsal Coalition**

D. None of the above.

- Restricted hindfoot mobility and often a more rigid pes planus appearance. May affect talocalcaneal, talonavicular, and calcaneonavicular joints.
- Ossification generally occurs between 8–12 years of age for calcaneonavicular coalition and 12–16 years of age for talocalcaneal coalition.
- The condition may be uni- or bilateral, is often familial and may be an autosomal dominant trait with incomplete penetrance. There is resultant increased stress on the adjacent joints which often leads to chronic hind foot pain and peroneal spasm during early adolescence with progressively rigid flat feet.



The term Closed Kinetic Chain refers to:

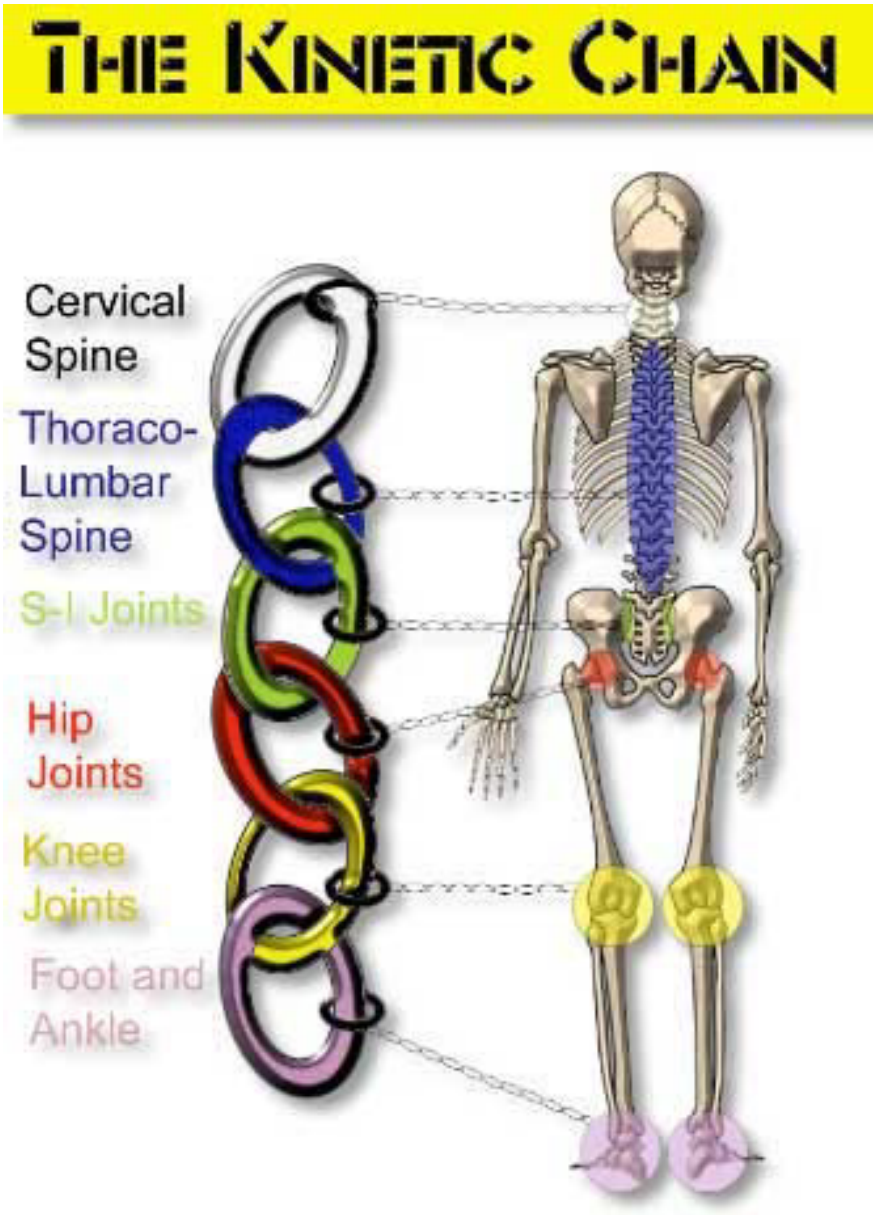
A. Non-weightbearing ;stance of gait
B. Weightbearing; stance of gait
C. Motion of the dorsiflexors
D. All the above

The term Closed Kinetic Chain refers to:

A. Non-weightbearing ;stance of gait
B. **Weightbearing; stance of gait**
C. Motion of the dorsiflexors
D. All the above

- A closed kinetic chain occur when the distal part of the limb is the fixed point





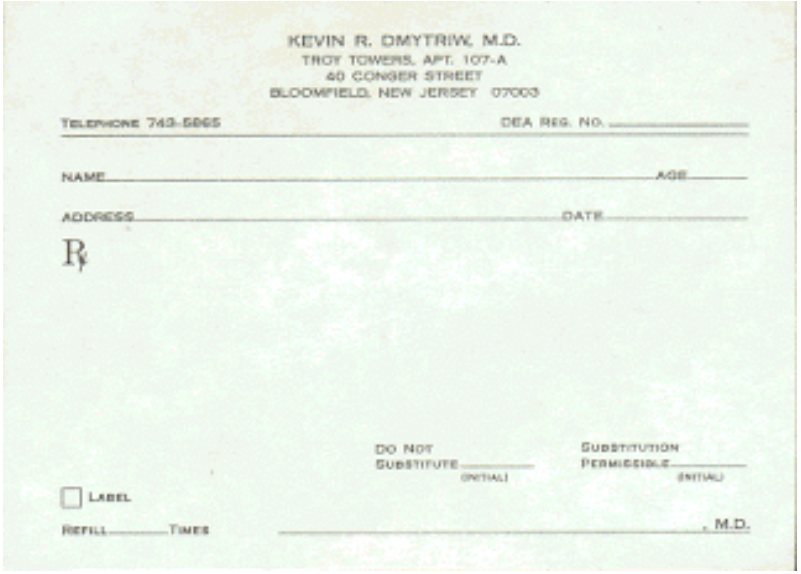
After the physicians prescription has been filled, it should be:

A. Returned to the patient
B. Returned to the physician
C. Placed in the patient's file
D. Shredded for confidentiality

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- Legal order requesting specific treatment, stating diagnosis and signed by a medical practitioner.
- It is a legal document to be retained by the person filling the order


KEVIN R. DMYTRIW, M.D.
TROY TOWERS, APT. 107-A
40 CONGER STREET
BLOOMFIELD, NEW JERSEY 07003

TELEPHONE 743-5865 DEA REG. NO.

NAME AGE

ADDRESS DATE

℞

DO NOT SUBSTITUTE (INITIAL)

SUBSTITUTION PERMISSIBLE (INITIAL)

LABEL

REFILL TIMES , M.D.

_____ is a condition of pain and discomfort on the posterior aspect of the heel at the area of the insertion of the Achilles tendon.

A. Haglund's Deformity

B. Haglund's Syndrome

C. Pump Bump

D. All of the above.

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A. Haglund's Deformity

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D. **All of the above.**

- Haglund's Deformity is a condition of pain and discomfort on the posterior aspect of the heel at the area of the insertion of the Achilles tendon. The friction may cause an inflamed bursa known as an Achilles Bursitis.
- A bursa is a fluid-filled sack that serves to protect and cushion a structure, and in the case with the Achilles tendon, a bursa likes in front and behind the tendon.
- Either bursa may get irritated and inflamed by friction against the shoe and tendon.
- The typical patient with Haglund's Deformity that is symptomatic is usually a female who wears high-heeled shoes.



Your patient is a 22 year old diabetic female. She complains of pinpoint pain and swelling localized to the 2nd metatarsal head. She states that pain increases with weight bearing and typically becomes worse with the duration of time spent on the feet. Upon examination, you observe limited ability to flex the 2nd toe. You suspect:

A. Diabetic Neuropathy
B. Freiberg's Infraction
C. Morton's Neuroma
D. Charcot-Marie-Tooth Disease

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- Freiberg's Infraction is a condition specific to the lesser metatarsal heads, most commonly the second metatarsal. This condition results in a focal loss of blood supply to the metatarsal head. The result is a collapse of the metatarsal head.
- Possibly due to a circulatory problem. Freiberg's Infraction is most commonly seen in women and has an onset during the second decade of life.
- Pain and swelling localized to the metatarsal head are the most specific symptoms.
- Pain may be increased with weight bearing and typically becomes worse with the duration of time spent on the feet. Patients may have only pinpoint tenderness or may have difficulty walking.
- Limited ability to bend the toe

An osteochondroma is a / an:

A. Ingrown toenail
B. Keratosis
C. Fungal nail infection
D. Benign bone tumor

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A. Ingrown toenail
B. Keratosis
C. Fungal nail infection
D. **Benign bone tumor**

- An Exostosis is a benign outgrowth of bone projecting from the surface, also termed osteochondroma.
- A subungual exostosis arises beneath or adjacent to the nail bed in the distal phalanx of a digit, frequently the great toe.
- This benign bone tumor may lead to ulceration of the surrounding tissue.


Sununqual exostosis of the fourth toe

When a person tries to avoid pain associated with the ambulation. Often quick, short and soft foot steps. This is called:

A. Steppage Gait

B. Antalgic Gait

C. Circumducted Gait

D. Trendelenburg Gait

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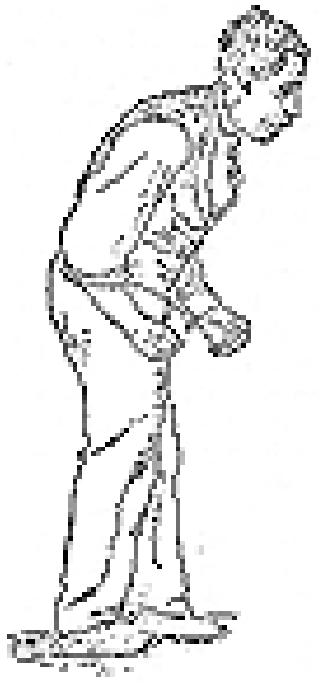
A. Steppage Gait

B. **Antalgic Gait**

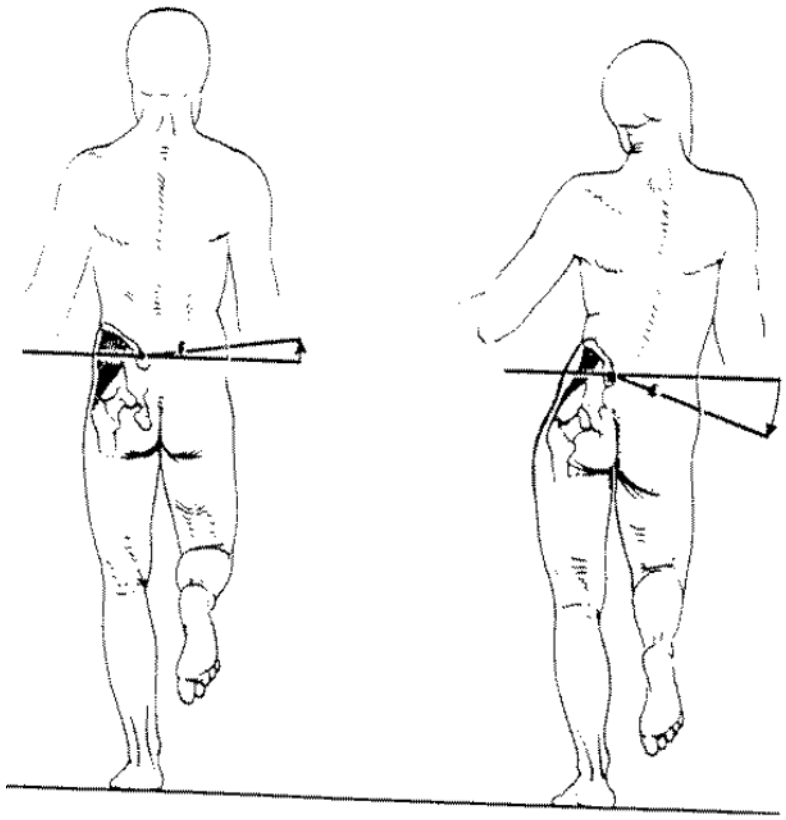
C. Circumducted Gait

D. Trendelenburg Gait

- **Antalgic gait** refers to a posture or gait assumed in order to avoid or lessen pain. The pain itself can be caused by numerous conditions such as diabetic foot, osteoarthritis, joint or limb deformity.
- The key concept to keep in mind when dealing with antalgic gait is that the patient will try to minimize the amount of weight applied to the painful limb or joint and the amount of time that weight is applied.



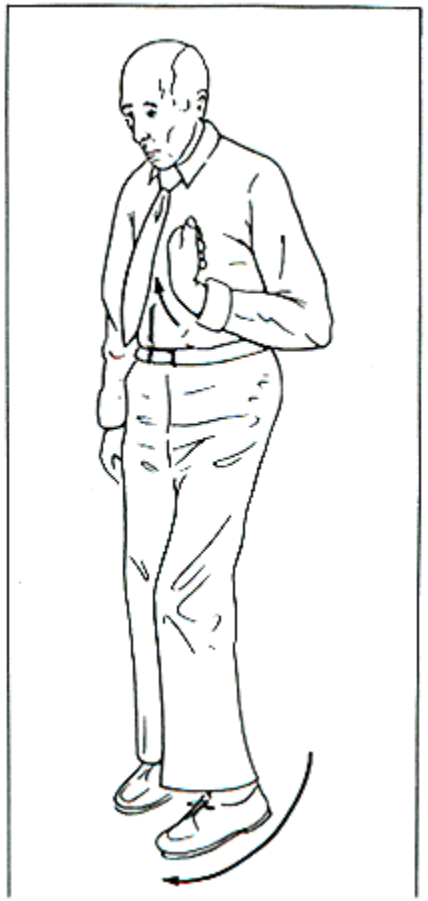
- During **Trendelenburg Gait**, the pelvis tilts downwards on the opposite side during stance phase. This is because of the failure of the hip abductors. In order not to fall, the patient compensates by shifting his center of gravity towards the affected side. The result is a gait with a lateral lurch toward the affected side.



- A patient with foot-drop has a **high-stepping gait** so as to prevent scraping of the toe on the ground.



- Circumduction Gait is a circular movement of the leg and foot, involving a complex combination of flexion, extension, abduction and adduction.



PFA is an acronym for:

- A. Pedorthic Footcare Association
- B. Pedorthic Foundation of America
- C. Pedorthic Footwear Association
- D. Prescription Footwear Association

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PFA

- ABC is the CERTIFYING agency
- PFA is the PROFESSIONAL association



The objective of a Double Rocker Sole is to:

A. Support the arch
B. Increase toe-in
C. Offload the midfoot
D. All the above

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A. Support the arch
B. Increase toe-in
C. **Offload the midfoot**
D. All the above

- Dissipate shock at heel strike
- Increase Propulsion at toe-off
- Shorten Midstance time
- Offload Midfoot



A bunionette is similar to a bunion except that it is:

A. on the lateral side
B. on the plantar surface
C. due to sewing
D. None of the above.

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B. on the plantar surface

C. due to sewing

D. None of the above.

- A bunionette is similar to a bunion on the inside of the foot, but it develops on the outside.
- It is sometimes referred to as a tailor's bunion because tailors once sat cross-legged all day with the outside edge of their feet rubbing on the ground. This produced a pressure area and callus on the lateral side of the fifth toe.



Your patient is a 12 year old female with cerebral palsy. The patient "toe walks". You observe a bouncy gait with early heel lift. Upon examination, you find that the foot is unable to fully dorsiflex against the ground. This condition is called:

A. Equinus
B. Sciatica
C. Pes Cavus
D. Kohler’s Disease

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A. Orthotic lift if deformity is 3/8" or less
B. Heel elevation if deformity is 3/8" or more
C. Accommodative Orthosis
D. All of the above.

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C. Accommodative Orthosis

D. **All of the above.**

- A spastic equinus may develop in patients with a neuromuscular disease such as cerebral palsy. If the muscles in the back of the leg overpower the muscles in the front of the leg then equinus may develop.
- Typically this is seen in patients that tend to walk more on there toes, or have a bouncy gait.
- If the foot is unable to fully dorsiflex against the ground there may be early heel off giving this bouncy gait pattern.



- Accommodative Orthosis
- Orthotic lift if deformity is 3/8" or less
- Heel elevation if deformity is 3/8" or more
- Higher heel shoes
- Remove heel
- Boots
- Add collar to shoe
- Assist foot in plantarflexed position (rigid)
- Decrease Equinus (flexible)
- Hold foot in shoe

Your patient is a 45 year old female. Upon examination you find that the 1st and 5th metatarsal heads are horizontal rather than the normal 10 degree difference. This is referred to as:

A. Pantalar Forefoot

B. Oblique Forefoot

C. Square Forefoot

D. Deltoid Forefoot

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A. Spinner Wedge

B. Double Rocker

C. An oblique toe-box

D. Spandex toe-box

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- The square forefoot does not have the normal flex point from the 1st met head to the 5th met head. Normally the 5th met head is 10 degrees lower than the 1st
- Excess pressure on the ball of foot through toe-off
- Wide mitten like or oblique toe box would help



_____ is a condition that affects polio survivors anywhere from 10 to 40 years after recovery from an initial paralytic attack of the poliomyelitis virus.

A. Diabetes
B. Post Polio Syndrome
C. Lou Gehrig's disease
D. None of the above.

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D. None of the above.

- Post-polio syndrome (PPS) is a condition that affects polio survivors anywhere from 10 to 40 years after recovery from an initial paralytic attack of the poliomyelitis virus.
- PPS is characterized by a further weakening of muscles that were previously affected by the polio infection.
- PPS is rarely life-threatening.



ABC requires a Pedorthist to complete _____ hours of continuing education every 5 years:

- A. 32
- B. 40
- C. 50
- D. 55

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- A. 32
- B. 40
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Pedorthic CE Requirements:

- A total of 50 credits must be earned during your 5-year cycle. **All credits may be earned in Category I Science.**
- A minimum of 25 credits must be Category I Science.
- A maximum of 25 credits may be Category I or II Business or Category II Science.

What is the durometer of Poron and PPT?

A. 15
B. 20
C. 25
D. 30

- Poron is AKA “PPT”
- Poron is an open-cell polyurethane foam material commonly used as insoles or inlays in soft nonmolded orthoses, as a soft topcover for molded or functional orthoses, or as a soft sublayer for multidensity molded orthoses.
- Poron is a non-heat moldable material that must be backed by a moldable material to obtain a desired shape.

Plantar Warts ____.

A. are contagious.
B. can spread to genitalia
C. never resolve without treatment
D. All of the above.

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- Plantar warts (or Verruca Warts) are hyperkeratotic lesions on the plantar surface.
- They tend to develop over areas of pressure such as the heel and ball of the foot.
- They may spread to other sites but not to histologically dissimilar areas (ie, plantar warts do not spread to genitalia).
- Most resolve spontaneously.



Your patient is a 48 year old female with Plantar Fasciitis. After several visits, the patient fails to follow the physician's plan for Pedorthic treatment. It is your responsibility to:

A. Inform the Physician

B. Discontinue service and seek compensation

C. Continue to call the patient until they comply

D. All of the above.

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Discontinuing Service

- The certified pedorthist has a duty to inform the physician if the patient fails to follow the physician's plan for pedorthic treatment or discontinues the physician's plan for pedorthic treatment prematurely. The certified pedorthist may at his/her discretion discontinue or refuse pedorthic service to any patient or customer only if the laws and regulations of the jurisdictions in which they practice are not violated.

Your patient is an 80 year old non-diabetic male. He states that he has Charcot-Marie-Tooth disease. You observe that he has flares on his shoes. Why are they there?

A. Medial instability

B. Lateral instability

C. Rearfoot instability

D. None of the above.

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Your patient is an 80 year old non-diabetic male. He states that he has Charcot-Marie-Tooth disease. You observe that he has a foot deformity typical to CMT. How would you best describe it?

A. Pes Planus

B. Severe Pronation

C. Severe Supination

D. Ankle rigidity

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C. **Severe Supination**

D. Ankle rigidity

- A high arched foot is one of the first signs of this disorder.
- As the disease progresses, structural foot deformities take place.
- The patient develops a pes cavus foot with hammer toes.
- Foot drop and ankle sprains are frequent manifestations.
- The progressive muscle wasting leads to problems with walking, running, and balance.
- To avoid tripping, patients with foot drop raise their knees unusually high resulting in high steppage gait.
- In some patients, muscle weakness may also occur in the upper legs.



ABC defines a patient as:

A. Any person with sore feet or foot problems
B. A person for whom a prescription is required
C. Any person who enters your facility
D. Only physicians have patients

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"The practice of pedorthics by a certified pedorthist inherently includes dispensing both prescriptive and non-prescriptive work and assisting both patients and customers. For the purposes of this document, ABC has determined that *a customer is a person for whom a prescription is not required or appropriate*, and *a patient is a person for whom a prescription is required or appropriate* (including a person who has a medical condition that, based on the totality of the circumstances, should reasonably have been recognized by the certified pedorthist)."

Your patient is a 63 year old female with diabetes and advanced Charcot Foot. She has a prescription for depth shoes and inserts. What should you course of action be.

A. Dispense the Depth shoes and inserts
B. Cast for custom shoes and inserts
C. Contact the physician and recommend Custom shoes
D. Advise the Patient to return to her physician

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A. Ask the patient how they feel
B. Look for red areas after a test walk
C. Have patient return after 1 week and recheck
D. None of the above.

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- Charcot foot is the term given to neurogenic arthropathy that affects the joints in the foot. Neurogenic arthropathy is a rapidly progressive degenerative arthritis that results from damaged nerves (neuropathy).
- A custom made shoe would be best for advanced cases
- In less severe cases a extra depth or super depth shoe would work well



What must Progress Notes have what to make them valid and legal?

A. S.O.A.P.

B. signature and date

C. Treatment plan

D. Suggested material and shoe type

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COMMUNITY HEALTH OF SOUTH DADE, INC.

PROGRESS NOTES

DATE

Luisa Landsberg
00-279489

PROBLEMS (No. and Description)	SYMPTOMS, SIGNS (Use "S.O.A.P." format: Subjective, Objective, Assessment, Plan)	MANAGEMENT PLAN
5/17/85	"I" came for after hour follow up	
	O: This 26yrs old single, unemployed white female ep moderate distress was recently released from CSU after spending one week. Prior to her admission pt. states that she had been laid off from her last job with Condis Corp. that she locked herself up in the apartment for about three weeks, did not answer the phone or door, Refusing to see family friends. States that she thought that she had deposited all of her last checks for Employment but later found out that she had these checks at home and that she had not Deposited them, When her checks began to Bounce, Bank Phoned stating that she was overdrawn. The Parents went to get an ex parte order, she was [illegible] Drug and	

_____ is a common forefoot disorder where the second digit is longer than the Hallux.

A. Oblique Forefoot
B. Marie’s Disease
C. Digitorum Longus
D. Morton's Toe

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A. Oblique Forefoot
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C. Digitorum Longus
D. **Morton's Toe**

- Morton's Toe is a common forefoot disorder where the second toe is longer than the Big Toe (the Hallux).
- Morton's toe leads to excessive pressure on the second metatarsal head resulting in pain similar to the discomfort associated with metatarsalgia.
- The constant pressure placed on the longer second toe while walking or standing can lead to callus formation under the second metatarsal head due to this excessive pressure.



Your patient is an 18 year old female. She complains of a burning sensation on the dorsal aspect of her foot between the third and fourth digits. Upon examination you find that she wears tight fitting footwear and works as a cashier. You suspect:

A. Plantar Fasciitis
B. Morton's Neuroma
C. Metatarsalgia
D. Sesamoiditis

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- When two bones repeatedly rub together, it will usually cause the outer coating of a nerve in your foot to swell which is called a neuroma or a Morton's neuroma.
- It is most commonly affected between the metatarsal heads of the third and fourth toe.
- Burning, cramping, or aching sensation but may cause tingling or numbness
- Usually occurs after walking or standing on your feet for a long period of time
- Commonly found in people who wear tight-fitting shoes.



_____ is a condition, where the navicular bone in the foot undergoes avascular necrosis.

A. Haglund’s Syndrome
B. Tarsal Coalition
C. Freiberg’s Infraction
D. Kohler's disease

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Heel Spurs or heel spur syndrome are most often the result of

A. improper shoes.
B. stress on the fascia.
C. obesity.
D. All of the above.

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D. **All of the above.**

- Heel Spurs or heel spur syndrome are most often the result of stress on the muscles and fascia of the foot. This stress may form a spur on the bottom of the heel. While many spurs are painless others may produce chronic pain.
- Bony heel growth
- Foot pain
- Heel pain
- Heel pain when walking
- Heel pain under weight bearing



There are three classes of acute ankle sprain. Class II is:

A. incomplete tear of a ligament, with moderate functional impairment

B. partial tear of a ligament

C. complete tear and loss of integrity of a ligament

D. complete tear with moderate functional impairment

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- Class I: partial tear of a ligament
  - Mild tenderness and swelling
  - Slight or no functional loss
  - No mechanical instability (negative clinical stress examination)
- Class II: incomplete tear of a ligament, with moderate functional impairment
  - Moderate pain and swelling
  - Mild to moderate ecchymosis
  - Tenderness over involved structures
  - Some loss of motion and function
    Mild to moderate instability (mild unilateral positivity of clinical stress examination)
- Class III: complete tear and loss of integrity of a ligamentSevere swelling (more than 4 cm about the fibula)
  - Severe ecchymosis
  - Loss of function and motion
  - Mechanical instability (moderate to severe positivity of clinical stress examination)

Your patient has severe pronation with a flexible ankle. You should wedge the shoe ___.

A. Posteriorly
B. Medially
C. Laterally
D. It should NOT be posted

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An orthotic that has the posting modified into the cast is known as _____ posted.

A. Incorrectly
B. Intrinsically
C. Interstitially
D. Intermediately

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It is a Pedorthists responsibility to determine the patient's insurance coverage and/or payment options using oral and written communications in order to

A. assure that the Pedorthist will get compensated
B. determine whether or not to treat the patient
C. foster an understanding of financial responsibilities.
D. This is NOT the responsibility of the Pedorthist

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Documentation of patient matters includes all of these except:

A. Devices dispensed
B. Progress Notes
C. Credit Score
D. Billing Information

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For custom shoes, create a _____ model of the patient's foot by capturing a _____ model of the patient's foot.

A. negative, positive
B. plaster, positive
C. wooden, 2 dimensional
D. positive, negative

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A. negative, positive
B. plaster, positive
C. wooden, 2 dimensional
D. positive, negative

The best tool to use in assessing the efficacy of a device in modifying a treatment plan is:

A. Trial Fittings
B. Appropriate follow up
C. Good fabrication techniques
D. Good Recordkeeping

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A / an _____ is used to develop an appropriate assessment.

A. Prescription
B. Insurance Form
C. Developer
D. Intrinsic Wedge

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The Pedorthist should educate the public and other health professionals of available pedorthic services by promoting the _____.

A. Treatment Plan
B. Team Approach
C. Earning Potential
D. Pedorthists Private Practice

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If the Pedorthists assessment and the physician's prescription do no correlate, the Pedorthist should:

A. Tell the patient to return to their physician
B. Consult with the physician
C. Dispense the prescription as written
D. Have the patient call their physician

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In order to ensure proper use and care of the treatment modalities, the patient should be given ____ instructions.

A. Oral
B. Written
C. Complicated
D. Both A & B

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One of the goals of requiring pedorthic continuing education is:

A. adaptation to change
B. reducing insurance fraud
C. making it a more private industry
D. None of the above

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Maintaining a suitable facility includes all of these except:

A. Inventory
B. Supplies
C. Training
D. Equipment

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Adhering to legal and ethical standards includes all of these except:

A. Selecting appropriate materials
B. Following reimbursement coding guidelines
C. Upholding ABC's Scope of Practice
D. Determining patient's expectations

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Evaluating the patient's sensory and circulatory systems of the feet establishes the:

A. Biomechanical gait pattern
B. Level of protective sensation
C. Patient's medical history
D. Muscle tone

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Facilitating the patient's understanding of the medical and financial aspects of the condition enhances ____.

A. reimbursement
B. compliance
C. calm
D. management

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D. management

Evaluating the patient's stance and gait is used to determine the patient's ____.

A. diagnosis
B. biomechanical deficit
C. pedal pulse rate
D. height and weight

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The modification of footwear is in which domain?

A. Assessment
B. Implementation
C. Practice Management
D. Professional Responsibility

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Promoting a collaborative working relationship with members of related professions includes all of these except:

A. documenting patient matters

B. working cooperatively

C. communicating regularly

D. developing an improved understanding of their scope of practice

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Acceptable methods for the Pedorthist to gain understanding of availability and applicability of services and products do not include:

A. Attending conferences
B. Giving In-services
C. Continuing Education
D. Reading Professional Publications

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One method to ensure proper fit and function of dispensed devices is ____ fittings.

A. prompt
B. trial
C. negative
D. assessment

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A partial foot prosthesis is manufactured directly from a ____ mold.

A. negative
B. positive
C. intrinsic
D. extrinsic

A partial foot prosthesis is manufactured directly from a _____ mold.

A. negative
B. positive
C. intrinsic
D. extrinsic

The fabrication of foot orthoses, partial foot prostheses, and/or custom-molded shoes is done according to the ____ in order to implement the pedorthic treatment plan.

A. patient desires
B. fabrication requirements
C. insurance providers specifications
D. most cost effective method

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Understanding of the pedorthic problem is gained by obtaining information about all of these except:

A. financial status
B. chief complaint
C. medical and social history
D. medications and allergies

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Assessing the patient's feet for foot type and pedal disorders is done using generally accepted visual and manual techniques, including:

A. Monofilament
B. Range of motion
C. Muscle tests
D. All of the above

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Which of the following is most appropriate for treating a stage 2 posterior tibial tendon dysfunction?

A. Accommodative orthosis
B. Subtalar control foot orthosis
C. Medial heel wedge shoe modification
D. Mild rocker

CFS
Allied Health Education

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- A damaged posterior tibial can be caused by trauma, a degenerative tear (simple deterioration over time), muscle dysfunction or tenosynovitis (inflammation of the tendon). It may be treated with a SCFO.



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What would be the best material to use for pes planus?

A. microcell puff
B. pink plastazote
C. pelite
D. polypropylene

CFS
Allied Health Education

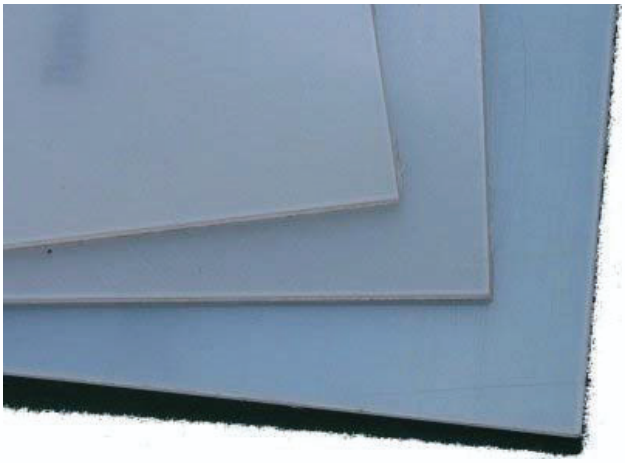
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- A semi-rigid functional polypropylene orthotic helps to hold the pes planus foot in proper position and give it an artificial arch.





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A child with a hypermobile foot with excessive pronation and rearfoot mobility could be fitted into a _____ to best control the problem.

A. functional polypropylene orthotic
B. UCBL
C. accommodative orthotic
D. straight last shoes

CFS
Allied Health Education

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CFS
Allied Health Education

A child with a hypermobile foot with excessive pronation and rearfoot mobility could be fitted into a University of California Biomechanical Laboratories foot orthosis to best control the problem.



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What motion does the foot go into when the posterior tibial tendon is ruptured?

A. Pronation of the forefoot
B. Pronation of the rearfoot
C. Plantarflexion of the ankle
D. Dorsiflexion of the ankle

CFS
Allied Health Education

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- Some Pedorthists will tell patients to have someone stand behind the patient and see if there is a “too many toes” sign. When their feet are viewed from behind, the viewer should only see two toes, but in an affected foot, upwards of four toes will be seen because of the foot’s flat appearance and excessive inward pronation.



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What preparation of a positive cast is done for the purpose of creating an orthotic device for a diabetic with an ulcer?

A. Add plaster to the negative cast in the area of the ulcer
B. Add plaster to the positive in the area of the ulcer
C. Remove plaster from the positive in the area of the ulcer.
D. None of the above.

CFS
Allied Health Education

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- What is added onto the mold, is subtracted from the orthotic. In other words, a convex mound on the mold, will be a concavity in the orthotic. Your end goal is a concavity in the orthotic in the areas of ulceration. This will provide pressure relief.

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A patient has a script for negative rocker shoes and a total contact insole. The DX is heel spur and Achilles tendonitis.

A. The prescription is correct for both the heel spur and Achilles tendonitis.
B. The prescription is correct for the heel spur, but incorrect for Achilles tendonitis.
C. The prescription is incorrect for the heel spur, but correct for Achilles tendonitis.
D. The prescription is incorrect for both the heel spur and Achilles tendonitis.

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- A negative rocker sole will place additional pressure on the heel. It will also cause additional stress on the Achilles Tendon. To give relief to the Achilles Tendon, the heel cord must be shortened by lifting the heel. To provide relief for the heel, rather than going with a total contact, consider spot heel relief either with use of a horseshoe pad or with a PPT cushion.

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A patient comes to your facility with a script for diabetic shoe. During the evaluation you notice a scar on the medial side of the leg. What do you do?

A. Don't embarrass the patient by asking
B. Call the prescribing physician
C. Ask patient about history of the scar
D. None of the above

CFS
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- Obviously, the patient needs to be asked about the scar tactfully. But a medial scar may be indicitive of past (or present) vascular insufficiency. The patient may have had vein harvesting from this leg. If so, circulation may be an issue you need to take into consideration.

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Which of the following statements regarding ankle equinus is false?

A. May be associated with a short or tight Achilles tendon
B. At least 20 degrees of ankle dorsiflexion will be available
C. An early heel-off may be observed during gait
D. Will generally cause subtalar joint pronation during stance and gait

CFS
Allied Health Education

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- A Sagittal plane deformity in which there is less than 10° of available dorsiflexion at the ankle joint, when the Subtalar joint is in its neutral position and the midtarsal joint is fully locked.



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All of the following clinical findings may occur with a Hallux Limitus condition except:

A. Greater than 65 degrees of dorsiflexion motion of the hallux
B. Dorsal osseous prominence on head of first metatarsal
C. Apropulsive or abducted gait pattern
D. Pain during propulsive phase of gait

CFS
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- Hallux Limitus is arthritis of the MTP joint of the hallux. With Limitus, there is still mobility, although it is limited and painful. With Hallux Rigidus, there is very limited to no movement.





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Which of the following is the mechanism of injury for a lateral ankle sprain:

A. Eversion
B. Inversion
C. Eversion, torsion
D. Inversion, plantarflexion

CFS
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- As the ankle (overly) inverts, it hyperextends the ligaments of the lateral ankle and sprains the ankle.

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Which of the following external shoe modifications would be most effective to help reduce lateral ankle sprain tendency?

A. Thomas heel
B. Rocker sole
C. Medial heel wedge
D. Lateral sole flare

CFS
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- With a lateral sole flare, the foot is less likely to overly invert. Thus reducing the chance of lateral ligament ankle sprains.

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All of the following foot types or deformities may contribute to increased lateral shoe sole and upper wear except which of the following?

A. Rigid forefoot valgus
B. Talipes equinovarus
C. Acquired adult flatfoot
D. Pes adductus (C-foot)

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- With accquired adult flatfoot, the wear pattern would be on the medial side of the shoe, not the lateral.

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The most common type of muscle found in the toes is:

A. Skeletal muscle.
B. Smooth muscle.
C. Cardiac muscle.
D. None of the above.

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A. Skeletal muscle.

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CFS
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- *A deliberately tricky question: Skeletal muscle is not found in the toes although tendon from such muscles might be present; Heart muscle is definitely not there; smooth muscle is found in glands, hair erectors, capillary controls which are all found in the toes.*

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